PRINTED:5/16/2017

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES X3) DATE SURVEY STATEMENT OF (X1) PROVIDER / SUPPLIER (X2) MULTIPLE CONSTRUCTION COMPLETED DEFICIENCIES AND PLAN OF CORRECTION CLIA IDENNTIFICATION À. BUILDING B. WING ____ 09/21/2016 NUMBER 185312 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP BARKLEY CENTER 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (X4) ID PREFIX TAG OR LSC IDENTIFYING INFORMATION Immediately tell the resident, the resident's doctor and a family member of the resident F 0157 of situations (injury/decline/room, etc.) that affect the resident.
NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY Level of harm - Immediate Based on interview, record review, review of hospital reports, and review of facility policy, it was determined the facility failed to notify the physician for one (1) of four (4) sampled residents (Resident #1) when he/she had a significant change jeopardy Residents Affected - Few Licensed staff failed to notify the resident's physician of the resident's significant change in condition to include increased lethargy, decreased urinary output, and increased temperatures for approximately twenty-six (26) hours. On 08/27/16 between 7:00 PM and 8:00 PM, Resident #1 was identified as having an accu-check of approximately four-hundred forty-three (443) milligrams/deciliter (mg/dl)(normal:70-100 mg/dl), a temperature of 101.3 degrees Fahrenheit (F) (normal: 98.6 F), and only 100 milliliters (ml.) of urinary output. In addition, the resident was not verbally communicating and moaned a lot when incontinent care and or turning and repositioning were provided. On 08/27/16 during the 11:00 PM-7:00 AM shift, the resident was identified as having no urinary output and having temperatures of 99.0 -101.0 F, throughout the shift. On 08/28/16 at 6:00 AM, the resident's accu-check was four-hundred eighty-six (486) mg/dl. On 08/28/16, two (2) smit. On 08/28/16 at 0:00 AM, the resident's accu-check was four-nundred eignty-six (486) mg/di. On 08/28/16, two (2) licensed staff were made aware at 6:00 PM and one at 8:00 PM. However, there was no documented evidence the licensed staff assessed the resident and notified the physician.

On 08/28/16 at 10:00 PM, Licensed Practical Nurse (LPN) #1 identified Resident #1's accu-check result was HI (above 600 mg/dl) and the resident was unresponsive with a temperature of 105.4 degrees Fahrenheit. LPN #1 did not notify the physician, but notified Resident #1's responsible party and the responsible party wanted Resident #1 sent to the ER. Resident #1 was diagnosed with [REDACTED]. Resident #1 was diagnosed with [REDACTED].

The facility's failure to notify the physician of significant changes in the resident's condition has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 09/08/16 and determined to exist on 08/27/16. An acceptable Allegation of Compliance (AoC) was received on 09/20/16, alleging the Immediate Jeopardy was removed on 09/14/16. The State Survey Agency validated the Immediate Jeopardy was removed on 09/14/16, 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 facility's policy titled. Physician/Mid-level Provider Notification, last revised 03/15/16, revealed upon identification of a resident who has a change in condition or abnormal lab values, a licensed nurse will perform appropriate clinical observations and data collection and report to physician/mid-level provider. Further review of this policy, revealed the purpose of this policy was to communicate a change in the resident's condition to physician/mid-level provider and initiate interventions as needed/ordered. provider and initiate interventions as needed/ordered.
Review of the facility's Diabetic Care Protocol, dated 08/01/15, revealed the facility is to evaluate for and respond to any change in condition. Further review of this protocol, revealed the facility is to notify the physician/mid-level provider immediately of any blood glucose level greater than 400 mg/dl (which is considered Urgent) for any resident that does not have ordered parameters. The protocol also states to notify the physician/mid-level provider as soon as possible during normal business hours if blood glucose is greater than 350 mg/dl or greater than 300 mg/dl on two (2) consecutive readings. Record review revealed the facility admitted Resident #1 on 03/16/16 with [DIAGNOSES REDACTED].
Review of Resident #1's August 2016 Medication Administration Record (MAR), and interview with LPN #1, on 09/05/16 at 5:25 PM, revealed the resident's accur-check was four-hundred forty-three (443) mg/dl on 08/27/16 at 8:00 PM. In addition, LPN #1 administred Tyleng her DEVICEI (asstratormy feeding tube), as the resident's temperature was elevated on 08/27/16 at 18.00 PM. PM, revealed the resident's accu-check was four-hundred forty-three (443) mg/dl on 08/27/16 at 8:00 PM. In addition, LPN #1 administered Tylenol per [DEVICE] (gastrostomy feeding tube), as the resident's temperature was elevated on 08/27/16 at 10:20 PM and Tylenol was administered again on 08/28/16 at 2:30 AM; however there was no documentation to indicate why. Further review of the August 2016 MAR revealed on 08/28/16 at 6:00 AM, Resident #1's accu-check was four-hundred eighty-six (486) mg/dl. Review of Resident #1's Output Records for August 2016, revealed Resident #1 had 100 milliliters (ml) of urinary output during the 3:00 PM-11:00 PM shift and no urinary output from his/her indwelling urinary catheter on 08/27/16 during the 11:00 PM-7:00 AM shift; and, no urinary output on 08/28/16 on the 3:00 PM-11:00 PM shift. Review of Resident #1's Nursing Note, dated 08/29/16 at 2:00 AM, revealed at 10:00 PM on 08/28/16, Resident #1 had a accu-check (blood sugar reading) of HI (above 600 mg/ml) and a temperature of 105.4 degrees Fahrenheit and was sent to the emergency room (ER) emergency room (ER).
Review of the Hospital Discharge Summary, dated 09/01/16, revealed Resident #1 was hospitalized from [DATE]-09/01/16 with [DIAGNOSES RÉDACTED]. Interview with Certified Nurse Aide (CNA) #3 on 09/06/16 at 10:36 AM, revealed she worked on 08/27/16 on the 3:00 PM to 11:00 PM shift and was the CNA who was responsible for Resident #1's section. She stated at approximately 7:00 PM, Resident #1's temperature was 101.3 degrees Fahrenheit (F) and the resident was not acting like his/her normal self as this resident was not verbally communicating and moaned a lot when incontinent care and or turning and repositioning was provided. She stated she informed LPN #1 of the resident's change in condition. Interview with CNA #2 on 09/07/16 at 10:17 AM, revealed she was the CNA responsible for Resident #1's unit on 08/27/16 during the 11:00 PM to 7:00 AM shift. She stated she recalled Resident #1 ran an increased temperature of ninety-nine (99) degrees Fahrenheit to one-hundred one (101) degrees Fahrenheit throughout her shift. She stated she recalled Resident #1 had no output from his/her indwelling urinary catheter. CNA #2 stated LPN #1 was aware of this because she had reported this to her.

Interview with CNA #1 on 09/02/16 at 3:35 PM, revealed she worked the 3:00 PM to 11:00 PM shift on 08/28/16 and provided interview with CNA #10 to 1990/210 at 3.33 FN, revealed six worked in £3.00 FM to 11.00 FM six into 1100/22 To and provided care for Resident #1. She stated at approximately 5:30 PM to 6:00 PM, Resident #1 would not arouse, she could not get him/her to wake up. She stated a nurse from another unit, Registered Nurse (RN) #1 was in the room feeding Resident #1's roommate supper. She let the RN know and was told by the RN to just monitor Resident #1. CNA #1 stated she knew this was not Resident #1's normal behavior so she reported this to LPN #1 also, who was the Charge Nurse for the unit. She stated LPN #1 also told her to just monitor Resident #1. CNA #1 stated LPN #1 never did check on the resident. CNA #1 also stated at approximately 8:00 PM while doing an incontinent check on Resident #1, the resident was still unable to be aroused or volchen up. She reported this to LPN #1 also gain reside to just monitor Resident #1. The CNA also stated she did not recell woken up. She reported this to LPN #1, who again said to just monitor Resident #1. The CNA also stated she did not recall Resident #1 having drainage from the urinary catheter insertion site or recall any purulent drainage in Resident #1's

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

TITLE

catheter tubing or drainage bag.

Interview with RN #1 on 09/06/16 at 10:25 AM, revealed she was in Resident #1's room on 08/28/16 at some time between approximately 6:00 PM and 6:30 PM assisting Resident #1's roommate with supper. She stated she recalled CNA #1 coming into

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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X3) DATE SURVEY STATEMENT OF (X1) PROVIDER / SUPPLIER (X2) MULTIPLE CONSTRUCTION COMPLETED DEFICIENCIES AND PLAN OF CORRECTION CLIA
IDENNTIFICATION
NUMBER À. BUILDING B. WING ____ 09/21/2016 185312 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001 BARKLEY CENTER For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (X4) ID PREFIX TAG OR LSC IDENTIFYING INFORMATION F 0157 the room. RN #1 stated the CNA could not arouse Resident #1 so she told CNA #1 to just monitor Resident #1 and let the resident rest, as he/she was probably just sleepy. She stated shortly after she finished feeding Resident #1's roommate she informed LPN #1 of staff not being able to wake Resident #1 up at suppertime.

Review of the Nursing Notes from 08/27/16-08/28/16, revealed there was no documented evidence the physician was notified at Level of harm - Immediate jeopardy Residents Affected - Few any time of Resident #1's change in condition to include increased temperatures, lethargy, decreased urinary output, and any time of resident #1 s change in common to include increased emperatures, remargs, decreases armary stages, and accu-checks greater than 400.

Interview with LPN #1 on 09/05/16 at 5:25 PM, revealed she was the Charge Nurse on Resident #1's unit on the 7:00 PM to 7:00 AM shift on 08/27/16 and on 08/28/16. She stated she obtained accu-checks of four-hundred forty-three (443) mg/dl on 08/27/16 at 8:00 PM and obtained accu-check results of four-hundred eighty-six (486) mg/dl accu-check results on 08/28/16 to 30.27/10 at 5.00 FM and obtained accurcincts results of 1001-induded eighty-six (4-50) linguit accurcincts results of 10.26/10 at 6:00 AM for Resident #1. She further stated in hindsight maybe she ought to have called the resident's physician when she noted these elevated accurcincts results, but she felt the resident's blood sugars would come down because she had stopped Resident #1's gastrostomy tube feeding at intervals. LPN #1 stated she did not have an order to stop the tube feeding. She also stated she did not perform Resident #1's scheduled 8:00 PM accurcincts results of that late accurcincts read H1. The LPN stated that at the time of obtaining Resident #1's scheduled 8:00 PM accurcincts at 10:00 PM on 08/28/16, she also noticed the resident felt warm. LPN #1 stated Resident #1's scheduled 8:00 PM accu-check at 10:00 PM on 08/28/16, she also noticed the resident felt warm. LPN #1 sta she took Resident #1's temperature, which was 105.4 degrees Fahrenheit at that time. She stated she did not call the physician at this time; she notified the resident's spouse who wanted the resident sent to the emergency room. Further interview with LPN #1 revealed she did not call the physician for an order to administer Tylenol to the resident on 08/27/16 and on 08/28/16, she stated she just wrote the order.

Interview with the Director of Nursing (DON) on 09/08/16 at 8:15 AM, revealed she expected LPN #1 to have notified the physician of Resident #1's condition changes and increased blood sugars. She also stated it was not acceptable for a licensed staff to write a physician's orders [REDACTED]. Interview with the Administrator, on 09/08/16 at 8:30 AM, revealed she expected staff to provide the necessary care and services needed to take care of Resident #1. She stated she expected all staff to follow facility policy and procedures. Interview with Resident #1's Physician, on 09/01/16 at 3:45 PM, revealed he was also the facility's medical director. He stated he expected his physician's orders [REDACTED]. He stated he expected the staff to have charted the reason he woul interview with Resident #1's Physician, on 09/01/10 at 3:45 PM, revealed he was also the facility's medical director. He stated he expected his physician's orders [REDACTED]. He stated he expected the staff to have charted the reason he would be called and the rationale of the need for physician notification along with the condition of the resident. He stated he would have expected to have been called in regards to Resident #1's condition changes related to elevated temperatures, decreased urinary output, decreased alertness and elevated accu-checks. decreased urnary output, decreased alertness and elevated accu-checks.

**The facility implemented the following actions to remove the Immediate Jeopardy:

1. The facility terminated LPN #1 on 09/07/16.

2. On 09/08/16, the Regional Vice President of Operation provided re-education, via phone, to the Administrator and DON which included: Information from CMS resources including: Five Elements of Quality Assurance Performance Improvement (QAPI), Guide for Developing a QAPI Plan and QAPI Leadership Rounding Guide. The Regional Vice President of Operation also provided additional re-education, which included: Regulation details regarding F-490 related to administration, Center Executive (Administrator) job description, and Center Nurse Executive (DON) job description.

3. On 09/09/16 through 09/10/16, the facility assessed all seven (7) residents who utilized an indwelling urnary catheter. The facility utilized their urinary tract infection - infection control reporting form to assess these residents. The facility also implemented licensed staff either will visually assess each resident's catheter care to validate catheter care or licensed staff will provide catheter care.

4. On 09/10/16, the DON reviewed all medical change in condition assessments for the last thirty (30) days and found thirty (30) of seventy-two (72) residents had medical change in condition assessments. The DON reviewed and read the medical change in condition assessments in the medical record to validate the completion of the assessments by the licensed staff, which included the timely notification of the physician and the updating and implementation of the care plan.

5. On 09/11/16, the DON and RN Nurse Practice Educator reviewed all resident temperatures in the vital signs portal for seventy-two (72) residents from 09/01/16 through 09/10/16 to identify if any resident had elevated temperatures during that period of time of 101 degrees Fahrenheit or greater. The DON and RN Nurse Practice Educator then reviewed the Medication Administration Records (MARs) to ensure medication was provided as ordered for elevated temperatures. The DON and RN Nurse Practice Educator also reviewed the residents' medical records to ensure a medical conductor and the provided as ordered for elevated temperatures. change in condition was initiated by the licensed staff on duty at the time and to ensure the physician and responsible party were notified timely of the change in condition. The DON and RN Nurse Practice Educator further reviewed the residents' care plans to ensure the care plans were updated to reflect the medical change in conditions.

6. On 09/11/16, the DON and RN Nurse Practice Educator reviewed the MARs and Treatment Administration Records (TARs) of all residents (who had physician's orders [REDACTED].
7. On 09/12/16, the RN Clinical Reimbursement Coordinator and RN MDS Coordinator reviewed the care plans of all seven (7) residents who had indwelling urinary catheters and all sixteen (16) residents who had Physicians' Orders to receive accu-checks to ensure these residents' care plans were up to date and current.

8. On 08/31/16 through 09/13/16, the facility initiated re-education to all RNs and LPNs. The re-education included: physician notification related to resident condition changes; the timely reviewing/revising and implementing of care plans; physician notification related to resident condition changes; the timely reviewing/revising and implementing of care plans; providing necessary care and services to all residents; providing appropriate monitoring/assessment of indwelling urinary catheters/care of catheters; utilizing the facility's Stop and Watch Early Warning Tool and complete/accurate clinical records including sufficient information to identify the resident. The facility utilized competency/posttests after this education was provided and presented to the licensed staff.

9. On 09/01/16 through 09/13/16, the facility initiated re-education to all CNAs. The re-education included the facility's Stop and Watch Early Warning Tool and how licensed staff and CNAs should utilize this tool and how to identify symptoms of infection in geriatric residents. The facility utilized posttests after the re-education was given.

10. Beginning on 09/13/16, the DON, Nurse Practice Educator, RN Clinical Reimbursement Coordinator, RN MDS Coordinator and or Registered Nurse reviewed and will continue to review all medical changes in condition assessments and transfer/discharges out of the facility to visually validate physician and responsible party notification by a licensed nurse on duty; that documentation has been done in the medical record; and, care plans have been revised as needed. This will be completed daily over a period of fourteen (14) days for a minimum of three (3) audits per shift over the fourteen (14) days including weekends, then three (3) times a week for two (2) weeks then twice a week for eight (8) weeks then (14) days including weekends, then three (3) times a week for two (2) weeks then twice a week for eight (8) weeks then weekly times twelve (12) weeks. Areas of concern will be corrected upon discovery.

11. Beginning on 09/13/16, the DON, Nurse Practice Educator, RN Clinical Reimbursement Coordinator, RN MDS Coordinator and license nurses reviewed and will continue to review the MAR and TAR and the medical record, for residents who have physician's orders [REDACTED].(3) audits per shift over the fourteen (14) days including weekends, then three (3) times a week for two (2) weeks, then twice a week for eight (8) week, then weekly times twelve (12) weeks and areas of concern will be corrected upon discovery. week for two (2) weeks, then twice a week for eight (8) week, then weekly times twelve (12) weeks and areas of concern will be corrected upon discovery.

12. Beginning on 09/13/16, the DON, Nurse Practice Educator, RN Clinical Reimbursement Coordinator, RN MDS Coordinator and RN or LPN did observe and will continue to observe for signs and symptoms of UTI related to indwelling urinary catheter use and visually validate the care plan is current and implemented related to catheter care. A licensed nurse on duty, which includes RNs and or LPNs, will perform and or observe indwelling catheter care daily with documentation on the TAR. This will be completed daily over a period of fourteen (14) days for a minimum of three (3) audits per shift over the fourteen (14) days including weekends, then three (3) times a week for two (2) weeks then twice a week for eight (8) weeks then weekly times twelve (12) weeks and areas of concern will be corrected upon discovery.

13. Beginning on 09/13/16, the DON, Nurse Practice Educator, RN Clinical Reimbursement Coordinator, RN MDS Coordinator and/or RN interviewed and will continue to interview at least two (2) licensed nurses including RNs or LPNs daily over a period of fourteen (14) days for a minimum of three (3) audits per shift over the fourteen (14) days including weekends, period of fourteen (14) days for a minimum of three (3) audits per shift over the fourteen (14) days including weekends, then three (3) times a week for two (2) weeks then twice a week for eight (8) weeks then weekly times twelve (12) weeks to validate knowledge of proper documentation in the medical record, knowledge of the identification and assessment of a change in condition, the documentation requirements for a change of condition including physician notification. Areas of concern will be corrected upon discovery.

14. Beginning on 09/13/16, the Administrator and DON conducted and will continue to conduct rounds and utilize the QAPI

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STATEMENT OF	(X1) PROVIDER / SUPPLIER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
DEFICIENCIES AND PLAN OF	/ CLIA IDENNTIFICATION	A. BUILDING B. WING	09/21/2016		
CORRECTION	NUMBER		07/21/2010		
NAME OF PROVIDER OF CUI	185312	CTREET ADDRESS	CITY CTATE 7ID		
NAME OF PROVIDER OF SUI BARKLEY CENTER	PPLIER	STREET ADDRESS, 4747 ALBEN BARK PADUCAH, KY 420	LEY DRIVE		
For information on the nursing	home's plan to correct this deficien	ey, please contact the nursing home or the state survey a	agency.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	EFICIENCIES (EACH DEFICIENCY MUST BE PRE MATION)	CEDED BY FULL REGULATORY		
F 0157	(continued from page 2)	Down do grown and will be conducted and decommented	at least area wealth, for eight (8) wealth		
Level of harm - Immediate jeopardy	Leadership Rounding Guide/Form. Rounds were and will be conducted and documented at least once weekly for eight (8) weeks to include at least two (2) rounds of each shift over the first eight (8) weeks and then monthly for four (4) months. Information gathered on the Rounding Guide will be brought to the Quality Improvement Committee by the Administrator. 15. The Regional Vice President of Operations or the Regional Manager of Clinical Operations will review the QAPI Leadership				
Residents Affected - Few	Rounding Form and the Quality I conducted based on recommendate	mprovement Committee minutes for at least three (3) m ions from the Quality Improvement Committee. ted the corrective action taken by the facility as follows:	onths. Additional audits will be		
		ace Improvement Plan for LPN #1, dated 09/07/16, reve to negligence in performance of job duties and failed to			
	2. Interview with the Regional Vic re-education/training, via phone of	te President of Operation on 09/21/16 at 2:05 PM, revea n 09/08/16, to the Administrator and DON which include	ded: Information from CMS resources		
		 Guide for Developing a QAPI Plan and QAPI Leaders led additional re-education which included: Regulation 			
	administration, Center Executive	(Administrator) job description and Center Nurse Exect DON on 09/20/16 at 11:20 AM, revealed they did recei	utive (DON) job description.		
	Regional Vice President of Opera	tion on 09/08/16 regarding CMS resources including: F PI Leadership Rounding Guide. They stated the Regions	rive Elements of QAPI, Guide for		
	provided additional re-education,	which included: Regulation details regarding F-490 rela	ated to administration, Center		
	3. On 09/20/16, the SSA reviewed	cription and Center Nurse Executive (DON) job descripthe facility's completed Urinary Tract Infection-Infection	on Control Reporting Forms which		
	no concerns identified. Interview	o through 09/10/16 on all seven (7) residents who utilize with RN #2 on 09/21/16 at 8:05 AM and RN #3 on 09/2	21/16 at 2:50 PM, revealed they had		
		er care. They stated that licensed staff must observe cat staff would have to perform the catheter care.	heter care or if licensed staff		
		the facility's completed audit, dated 09/10/16 of the DC sments for the last thirty (30) days with no concerns ide			
	 On 09/20/16, the SSA reviewed 	the facility's completed audit of the DON and RN Nursigns portal for seventy-two (72) of seventy-two (72) re-	se Practice Educator's review of all		
	09/10/16; review of the MARS; re	eview of the residents' medical records; and, review of the			
		the facility's completed audit of the DON and RN Nurs m 09/01/16 through 09/10/16 and review of physician n			
	results of less than 70 mg/dl or an	y accu-check results greater than 400 mg/dl with no cor	ncerns identified.		
	Coordinator, and RN MDS Coord	the facility's completed 09/12/16 audit conducted by the inator of the residents' care plans for residents who utili			
		ceive accu-checks. No concerns were identified. the facility's sign in sheets, dated 08/31/16 through 09/	13/16, and completed		
		used staff related to the education the facility provided to timely reviewing/revising care plans, indwelling urinary			
	care/assessment/observation of, c	omplete/accurate clinical records, necessary care and se	rvices provided to residents and		
	at 2:21 PM, LPN #5 at 2:33 PM a	y Warning Tool. Interviews on 09/20/16 with LPN #3 a nd RN #4 at 2:50 PM, revealed they all had the facility!	s re-education training on physician		
		ising care plans, indwelling urinary catheter care/assess, necessary care and services provided to residents and			
	Early Warning Tool. They all also	o confirmed they had to take posttests over the re-educate the facility's sign in sheets, dated 09/01/16 through 09/	tion training the facility provided		
	all CNAs related to the education	the facility provided to all CNAs regarding: the facility NAs should utilize this tool and how to identify sympton	's Stop and Watch Early Warning		
	residents. Interviews on 09/20/16	with CNA #5 at 12:40 PM, CNA #6 at 12:48 PM, CNA			
		ad the facility re-education training on the Stop and Wa iilize this tool and how to identify symptoms of infectio			
	also confirmed they had to take p	osttests over the re-education training the facility provid	led.		
		d the current and ongoing audits completed daily from (ges in condition assessments and transfer/discharges ou			
		sible party notification by a licensed nurse on duty and are plans to ensure they have been revised as needed. No			
	11. On 09/20/16, the SSA reviewe	d the current and ongoing audits dated 09/13/16 -09/19/	/16 and determined the facility		
	validated that physician notificati	the medical record for residents who had physician's or ons were documented in the medical record by a license	ed nurse on duty for accu-check		
	and implemented. No concerns w		•		
		d the current and ongoing audit, dated 09/13/16 through nptoms of UTI related to indwelling urinary catheter us			
	care plan was current and implem	ented related to catheter care. No concerns were identified the current and ongoing audits, dated 09/13/16-09/19/	ied.		
	interviewed at least two (2) licens	ed nurses including RNs or LPNs daily for a minimum	of three (3) audits per shift. The		
		f proper documentation in the medical record, knowledgen, and the documentation requirements for a change of			
	notification. No concerns were id 14. On 09/20/16, the SSA reviewe	entified. d the current and ongoing audits, dated 09/13/16, and do	etermined the Administrator and DON		
	conducted rounds and utilized the	QAPI Leadership Rounding Guide/Form. No concerns ce President of Operation on 09/21/16 at 2:05 PM, reve	were identified.		
	Leadership Rounding Form and the	ne Quality Improvement Committee minutes for at least mendations from the Quality Improvement Committee.	three (3) months and additional audits		
F 0280		articipate in the planning or revision of the resident's	s		
Level of harm - Immediate	care plan. **NOTE- TERMS IN BRACKET	S HAVE BEEN EDITED TO PROTECT CONFIDENT	ΓΙΑLITY**		
jeopardy	Based on interview, record review	, review of hospital reports and review of the facility's pave an effective system in place to ensure the residents'	policy and procedure, it was		
Residents Affected - Few	reviewed and revised with change	s in condition for one (1) of four (4) sampled residents			
		to the emergency room (ER) related to an increased fe			
		REDACTED]. Resident #1 returned to the facility on [sive Care Plan related to the resident's recent hospital st			
	08/28/16 at 10:00 PM, Resident #	I was sent to the ER related to being unresponsive, have ted to the hospital, on 08/28/16 with [DIAGNOSES RE	ing a fever and elevated accu-check.		
	The facility's failure to provide rev	iew and revise the care plan has caused or is likely to ca	ause serious injury, harm, or		
		ate Jeopardy was identified on 09/08/16 and determined pardy on 09/08/16. An acceptable Allegation of Compl			

FORM CMS-2567(02-99) Event ID: YL1011 Facility ID: 185312 If continuation sheet Page 3 of 25

STATEMENT OF DEFICIENCIES AND PLAN OF	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
CORRECTION	NUMBER	B. WING	09/21/2016
NAME OF PROVIDER OF SUP	185312 PPLIER	STREET ADDRESS, CITY, STA	L ATE, ZIP
BARKLEY CENTER		4747 ALBEN BARKLEY DRIV PADUCAH, KY 42001	VE.
For information on the nursing h	nome's plan to correct this deficience	cy, please contact the nursing home or the state survey agency.	
	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	EFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY MATION)	Y FULL REGULATORY
F 0280		dated the Immediate Jeopardy was removed on 09/14/16, as alleged	
jeopardy	Assurance (QA) monitors the effe	lity develops and implements the Plan of Correction (POC); and, the ctiveness of the systemic changes.	e facility's Quality
Level of harm - Immediate jeopardy Residents Affected - Few	and the State Survey Agency valis was lowered to a D while the facil Assurance (QA) monitors the effe The findings include: Review of the facility's policy and develop a comprehensive, individ meet resident needs and goals as i of this policy is to provide necess: mental, and psychosocial well-bei is reviewed and revised a minimu Record review revealed the facility CONDITION]/[MEDICAL CON Review of a Hospital Admission F Resident #1 presented to the emer of 105.3 degrees Fahrenheit. The catheter was full of Frank Pus and [REDACTED]. Review of Resident #1's Quarterly resident's cognition as intact with resident was interviewable. However, review of Resident #1's revisions to the care plans to addr diagnosed as having [MEDICAL revealed the care plan was not rev CONDITION]. Interview (Post Survey) with Licet to the facility upon Resident #1's chance to review and revise Residhospital on [DATE]. She stated it revise the care plans. LP #6 state viewed and revised to reflect ch Review of the August 2016 Medic #3, on 09/06/16 at 10:36 AM, while was identified as having temper resident had 100 milliliters (ml) on 11:00 PM-7:00 AM shift on 08/27/16; CNA #1, on 09/02/16 at 09/05/16 at 10:30 FM, Resider degrees Fahrenheit and was sent to discharged on [DATE], with [DIA Interview with Minimum Data Set the residents' care plans with any review and revise the care plans to update resident care plan Interview with Minimum Data Set the residents' care plans. She stated the nurs the care plans. She stated the nurs the care plans. She stated the nurs the care plans.	lity develops and implements the Plan of Correction (POC); and, the criveness of the systemic changes. procedure titled, Care Plans, revised 01/02/14, revealed the interdicualized care plan for each resident. The care plan will include meas dentified by the assessment process. Further review of this policy, any care and services to attain or maintain the resident's highest prang. Under Practice Standards under section two (2) it states the corm of quarterly and as needed to reflect response to care and changing admitted Resident #1 on 03/16/16 with diagnoses, which included DITIONS]. Type 2 Diabetes, and Flaccid Neuropathic Bladder. Distory and Physical, dated 08/01/16, and Discharge Summary, date gency room from the facility with altered mental status, nausea/vor resident was unable to interact and just moaned. The resident's induct it was unclear how long that catheter had been in place. Resident #1 as Brief Interview for Mental Status (BIMS) score of fifteen (15) will current Comprehensive Care Plans, dated 03/16/16 and 03/17/16, resealed the a Brief Interview for Mental Status (BIMS) score of fifteen (15) will current Comprehensive Care Plans, dated 03/16/16 and 03/17/16, resealed the type of signs and symptoms that may present will need Practical Nurse (LPN) #6, on 09/28/16 at 3:49 PM, revealed sleeturn from a hospital stay. She stated it was a strong possibility she lent #1's care plans when the resident was readmitted to the facility was probably a shift where it was extra busy and there was not enoed she was familiar with the facility's care plan policy that states ca anging needs and goals of the residents. ation Administration Records, Output Records and interviews with oworked 3PM-11 PM on 08/27/16; CNA #2, on 09/07/16 at 10:17 to 3:35 PM, who worked 3 PM-1 PM shift on 08/28/16 in doi:10.17 to worked 7P-7A on 08/28/16 revealed on 08/28/16 and 3:00 PM-11:00 PM shift and no urinary output during the 3:00 PM-11:00 PM shift and no urinary output during the 3:00 PM-11:00 PM shift and no urinary output d	sciplinary team will surable objectives to revealed the purpose cticable physical, uprehensive care plan ing needs and goals. If MEDICAL and 08/09/16, revealed mitting and a temperature welling urinary #1 was diagnosed with the facility assessed the hich indicated the evealed there were no inchit the resident was idney Injury. Further review that a UTI [MEDICAL the readmitted Resident #1 e did not get a from the local sught time to review and re plans should be active of the resident was idney Injury. Further review in the control of the resident was idney Injury. Further review in the UTI [MEDICAL the readmitted Resident #1 e did not get a from the local sught time to review and re plans should be active of the resident was catical Nurse (LPN) #1, on 5, and Registered Nurse (RN) PM-11:00 PM shift, Resident ormal 98.6 F.). The output during the dent was identified as 10 and a temperature of 105.4 tal, on 08/29/16 and es were responsible to update the MDS Coordinators expected all licensed or reviewing and revising reviewing and revising
	Interview with the Director of Nurongoing basis with any clinical cornesident #1's care plans should his/her acute medical conditions tand were responsible for updating Interview with the Administrator, and procedure. **The facility implemented the formation of the facility implemented the formation from (QAPI), Guide for Developing a Qoyolfo, the Regional Vice which included: Information from (QAPI), Guide for Developing a Qoyolfo, Guide for Developing a Qoyolfo, through 09/10/16, The facility utilized their urinary if acility also implemented license care or licensed staff will provide 4. On 09/10/16, the DON reviewed (30) of seventy-two (72) residents change in condition assessments is which included the timely notificated the fundamentary were notified timely of the cresidents' care plans to ensure the 6. On 09/11/16, the DON and RN exemperatures. The DON and RN change in condition was initiated party were notified timely of the cresidents' care plans to ensure the 6. On 09/11/16, the DON and RN residents (who had physician's or 7. On 09/12/16, the RN Clinical R residents who had indwelling urin accu-checks to ensure these reside 8. On 08/31/16 through 09/13/16, physician notification related to revolved in presection of the providing necessary care and serv catheters/care of catheters; utilizin records including sufficient informeducation was provided and prese 9. On 09/01/16 through 09/13/16,	President of Operation provided re-education, via phone, to the Act CMS resources including: Five Elements of Quality Assurance Pe DAPI Plan and QAPI Leadership Rounding Guide. The Regional V which included: Regulation details regarding F-490 related to admicription, and Center Nurse Executive (DON) job description, the facility assessed all seven (7) residents who utilized an indwelligence in infection in infection control reporting form to assess these residents richer care. It all medical change in condition assessments for the last thirty (30) had medical change in condition assessments. The DON reviewed in the medical record to validate the completion of the assessments into of the physician and the updating and implementation of the c Nurse Practice Educator reviewed all resident temperatures in the v 72) residents from 09/01/16 through 09/10/16 to identify if any resident from 6101 degrees Fahrenheit or greater. The DON and RN Nurstration Records (MARs) to ensure medication was provided as ord-Nurse Practice Educator also reviewed the residents' medical record by the licensed staff on duty at the time and to ensure the physician care plans were updated to reflect the medical change in condition. The DON and RN Nurse Practice Educator reviewed the MARs and Treatment Admir lers [REDACTED]. einbursement Coordinator and RN MDS Coordinator reviewed the ary catheters and all sixteen (16) residents who had Physicians' Orents' care plans were up to date and current. the facility initiated re-education to all RNs and LPNs. The re-educesident condition changes; the timely reviewing/revising and implerices to all residents; providing appropriate monitoring/assessment on the facility's Stop and Watch Early Warning Tool and complete/mation to identify the resident. The facility utilized competency/pos	residents. She stated belems that arose from by update care plans timent to the resident. Sow the care plan policy diministrator and DON sufformance Improvement ice President of Operation also inistration, Center and update catheter. The date catheter of the date of the da

FORM CMS-2567(02-99) Event ID: YL1011 Facility ID: 185312 If continuation sheet Page 4 of 25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCT A. BUILDING B. WING	ΓΙΟΝ	(X3) DATE SURVEY COMPLETED 09/21/2016	
	185312				
NAME OF PROVIDER OF SUI BARKLEY CENTER	PPLIER		STREET ADDRESS, CITY, STA 4747 ALBEN BARKLEY DRIV PADUCAH, KY 42001		
For information on the nursing	home's plan to correct this deficience	cy, please contact the nursing hor	ne or the state survey agency.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM		ENCY MUST BE PRECEDED BY	Y FULL REGULATORY	
F 0280	(continued from page 4) infection in geriatric residents. Th	o facility utilized most cots often t	the me advecation were circum		
Level of harm - Immediate jeopardy	10. Beginning on 09/13/16, the DO or Registered Nurse reviewed and	ON, Nurse Practice Educator, RN I will continue to review all medi	in Clinical Reimbursement Coordina cal changes in condition assessment and responsible party notification	nts and	
Residents Affected - Few	nurse on duty; that documentation will be completed daily over a per (14) days including weekends, the	n has been done in the medical re- riod of fourteen (14) days for a men three (3) times a week for two	cord; and, care plans have been revision of three (3) audits per shift (2) weeks then twice a week for each	vised as needed. This ft over the fourteen	
	license nurses reviewed and will ophysician's orders [REDACTED]	ON, Nurse Practice Educator, RN continue to review the MAR and .(3) audits per shift over the fourt	a upon discovery. I Clinical Reimbursement Coordin: TAR and the medical record, for rateen (14) days including weekends I weekly times twelve (12) weeks a	esidents who have , then three (3) times a	
	be corrected upon discovery. 12. Beginning on 09/13/16, the DO	ON, Nurse Practice Educator, RN	Clinical Reimbursement Coordina symptoms of UTI related to induce	ator, RN MDS Coordinator and	
	and visually validate the care plar includes RNs and or LPNs, will p will be completed daily over a per	n is current and implemented rela- erform and or observe indwelling riod of fourteen (14) days for a m	g catheter care. A licensed nur g catheter care daily with documen hinimum of three (3) audits per shil (2) weeks then twice a week for eight	rse on duty, which tation on the TAR. This ft over the fourteen	
	weekly times twelve (12) weeks a 13. Beginning on 09/13/16, the DO and/or RN interviewed and will co	and areas of concern will be corre ON, Nurse Practice Educator, RN ontinue to interview at least two of	ected upon discovery. Clinical Reimbursement Coordina (2) licensed nurses including RNs	ator, RN MDS Coordinator or LPNs daily over a	
	period of fourteen (14) days for a minimum of three (3) audits per shift over the fourteen (14) days including weekends, then three (3) times a week for two (2) weeks then twice a week for eight (8) weeks then weekly times twelve (12) weeks to validate knowledge of proper documentation in the medical record, knowledge of the identification and assessment of a change in condition, the documentation requirements for a change of condition including physician notification. Areas of				
	concern will be corrected upon discovery. 14. Beginning on 09/13/16, the Administrator and DON conducted and will continue to conduct rounds and utilize the QAPI Leadership Rounding Guide/Form. Rounds were and will be conducted and documented at least once weekly for eight (8) weeks				
	to include at least two (2) rounds of each shift over the first eight (8) weeks and then monthly for four (4) months. Information gathered on the Rounding Guide will be brought to the Quality Improvement Committee by the Administrator. 15. The Regional Vice President of Operations or the Regional Manager of Clinical Operations will review the QAPI Leadership Rounding Form and the Quality Improvement Committee minutes for at least three (3) months. Additional audits will be				
	conducted based on recommendations from the Quality Improvement Committee. **The State Survey Agency validated the corrective action taken by the facility as follows: 1. Review of Individual Performance Improvement Plan for LPN #1, dated 09/07/16, revealed LPN #1 was terminated from employment from the facility due to negligence in performance of job duties and failed to notify the physician with a				
	resident's change in condition. 2. Interview with the Regional Vice President of Operation on 09/21/16 at 2:05 PM, revealed she did provide re-education/training, via phone on 09/08/16, to the Administrator and DON which included: Information from CMS resources including: Five Elements of QAPI, Guide for Developing a QAPI Plan and QAPI Leadership Rounding Guide. The Regional Vice President of Operation also provided additional re-education which included: Regulation details regarding F-490 related to				
	administration, Center Executive (Administrator) job description and Center Nurse Executive (DON) job description. Interview with Administrator and DON on 09/20/16 at 11:20 AM, revealed they did receive re-education/training from the Regional Vice President of Operation on 09/08/16 regarding CMS resources including: Five Elements of QAPI, Guide for Developing a QAPI Plan and QAPI Leadership Rounding Guide. They stated the Regional Vice President of Operation also				
	provided additional re-education, which included: Regulation details regarding F-490 related to administration, Center Executive (Administrator) job description and Center Nurse Executive (DON) job description. 3. On 09/20/16, the SSA reviewed the facility's completed Urinary Tract Infection-Infection Control Reporting Forms which were completed between 09/09/16 through 09/10/16 on all seven (7) residents who utilized indwelling urinary catheters with				
	no concerns identified. Interview been educated in regards to cathet was unable to observe it, licensed	with RN #2 on 09/21/16 at 8:05 at the care. They stated that licensed staff would have to perform the	AM and RN #3 on 09/21/16 at 2:50 staff must observe catheter care of catheter care.	O PM, revealed they had r if licensed staff	
		ssments for the last thirty (30) day the facility's completed audit of signs portal for seventy-two (72)	ys with no concerns identified.	Educator's review of all n 09/01/16 through	
	results of less than 70 mg/dl or an	om 09/01/16 through 09/10/16 and y accu-check results greater than	d review of physician notifications 400 mg/dl with no concerns ident	for any accu-check ified.	
	for residents who had orders to re 8. On 09/20/16, the SSA reviewed	linator of the residents' care plans ceive accu-checks. No concerns the facility's sign in sheets, dated	s for residents who utilized indwell were identified. d 08/31/16 through 09/13/16, and c	ing urinary catheter and	
	regarding: physician notification, care/assessment/observation of, conthe facility's Stop and Watch Earl	timely reviewing/revising care plomplete/accurate clinical records y Warning Tool. Interviews on 09	, necessary care and services provi 9/20/16 with LPN #3 at 1:55 PM,	ded to residents and LPN #4 at 2:07 PM, RN #3	
	notification, timely reviewing/rev complete/accurate clinical records Early Warning Tool. They all also	ising care plans, indwelling urina s, necessary care and services pro confirmed they had to take post	hey all had the facility's re-education ary catheter care/assessment/observovided to residents and the facility's tests over the re-education training	vation of, s Stop and Watch the facility provided	
	Tool and how licensed staff and C	the facility provided to all CNAs CNAs should utilize this tool and	d 09/01/16 through 09/13/16 and c s regarding: the facility's Stop and how to identify symptoms of infec a #6 at 12:48 PM, CNA #7 at 1:12	Watch Early Warning tion in geriatric	
	#9 at 1:38 PM, revealed they all h licensed staff and CNAs should u also confirmed they had to take po	tilize this tool and how to identify osttests over the re-education trai	ing on the Stop and Watch Early W y symptoms of infection in geriatri ning the facility provided. completed daily from 09/13/16-09	c residents. They all	
	facility reviewed all medical chan validation of physician and respon record along with the review of ca	ages in condition assessments and ansible party notification by a licentare plans to ensure they have been	I transfer/discharges out of the faci nsed nurse on duty and the document n revised as needed. No concerns versied as needed. No detection of the detection of	lity and the visual entation in the medical were identified.	
	reviewed the MAR and TAR and validated that physician notification	the medical record for residents ons were documented in the med r greater than 400 mg/dl and the	who had physician's orders [REDA ical record by a licensed nurse on a visually validated to ensure the car	ACTED]. The facility visually duty for accu-check	
	12. On 09/20/16, the SSA reviewe	d the current and ongoing audit, on the current and ongoing audit, on the current and the current and the current and ongoing audit, or the current and or the cu	dated 09/13/16 through 09/19/16, a ling urinary catheter use and visual		

Facility ID: 185312

FORM APPROVED OMB NO. 0938-0391 X3) DATE SURVEY STATEMENT OF (X1) PROVIDER / SUPPLIER (X2) MULTIPLE CONSTRUCTION COMPLETED DEFICIENCIES AND PLAN OF CORRECTION CLIA
IDENNTIFICATION
NUMBER À. BUILDING B. WING ____ 09/21/2016 185312

NAME OF PROVIDER OF SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP

PRINTED:5/16/2017

BARKLEY CENTER

4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (X4) ID PREFIX TAG

F 0280

Level of harm - Immediate jeopardy

(continued... from page 5)
13. On 09/20/16, the SSA reviewed the current and ongoing audits, dated 09/13/16-09/19/16, and determined the facility interviewed at least two (2) licensed nurses including RNs or LPNs daily for a minimum of three (3) audits per shift. The interviews validated knowledge of proper documentation in the medical record, knowledge of the identification and assessment of a change in condition, and the documentation requirements for a change of condition including physician satisfaction. No general recognition in the distribution of the condition of the con

Residents Affected - Few

notification. No concerns were identified.

14. On 09/20/16, the SSA reviewed the current and ongoing audits, dated 09/13/16, and determined the Administrator and DON conducted rounds and utilized the QAPI Leadership Rounding Guide/Form. No concerns were identified.

15. Interview with the Regional Vice President of Operation on 09/21/16 at 2:05 PM, revealed she will be reviewing the QAPI Leadership Rounding Form and the Quality Improvement Committee minutes for at least three (3) months and additional audits will be conducted based on recommendations from the Quality Improvement Committee.

F 0281

Make sure services provided by the nursing facility meet professional standards of

Level of harm - Immediate jeopardy Residents Affected - Few

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY

Based on interview, record review, facility policy review and the Kentucky Board of Nursing (KBN) Advisory Opinion Statements (AOS) #19 and #27, it was determined the facility failed to ensure the services provided by the facility met professional standards of quality for one (1) of four (4) sampled residents (Resident #1).

professional standards of quanty for one (1) of four (4) sampled residents (Resident #1).

On 08/27/16 at 8:00 PM, Resident #1 was identified as having an accu-check (blood sugar level) of approximately four-hundred forty-three (443) milligrams/deciliter {mg/dl} (normal: 70-100 mg/dl). The resident's temperature ranged between 99 degrees Fahrenheit (F) to 101 degrees Fahrenheit (normal 98.6 F). The resident had 100 milliliters (ml) of urinary output during the 3:00 PM-11:00 PM shift and no urinary output during the 11:00 PM-7:00 AM shift on 08/28/16 at 6:00 AM, the resident's accu-check was four-hundred eighty-six (486) mg/dl; and, the resident had no urinary output during the 3:00 PM-11:00 PM shift. On 08/28/16, during the 3:00 PM-11:00 PM shift, the resident was identified as being non-responsive and two (2) licensed staff were made aware. However, there was no documented evidence the facility assessed the resident, nor had the physician been notified related to the resident's high blood sugar, no urinary output, and increased temperatures

per facility policy and care plan.

The resident continued to decline and on 08/28/16 at 10:00 PM, Resident #1 was found unresponsive, had an accu-check of HI (above 600 mg/ml) and a temperature of 105.4 degrees Fahrenheit. The accu-check was supposed to be completed at 8:00 PM on 08/28/16, but was not completed until 10:00 PM. Resident #1 was sent to the emergency room (ER) and admitted to the hospital, on 08/29/16, with [DIAGNOSES REDACTED]. 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 09/08/16 and determined to exist on 08/27/16. The facility was notified of the Immediate Jeopardy on 09/08/16. An acceptable Allegation of Compliance (AoC) was received on 09/20/16, and the State Survey Agency validated the Immediate Jeopardy was removed on 09/14/16, 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 Nurses (RN), last revised 02/11/16, revealed the Registered Nurse delivers efficient and effective nursing care while achieving positive clinical outcomes and patient/family satisfaction and performs nursing functions and provides care within their scope of practice.

Review of the Job Description for Licensed Practical Nurses (LPN), revised 10/22/12, revealed under the direction of an RN,

the LPN delivers efficient and effective nursing care while achieving positive clinical outcomes and patient/family satisfaction; he/she operates within the scope of practice defined by the State Nurse Practice Act; contributes to nursing assessments, care planning, provides direct resident care, and supervises resident care provided by unlicensed staff. Further review of this job description, revealed the LPN is to collect, report and document objective/subjective data; document accurately and thoroughly, observe conditions and report changes and communicate pertinent data to the RN and/or

document accurately and thoroughly; observe conditions and report change.

Accountability of Nurses for Patient Care Assignments and Nursing Care

Delivery approved October 1988, revised April 2015, revealed nurses are responsible and accountable for making decisions that are based upon the individuals' educational preparations and current clinical competence in nursing and requires licensees to practice nursing with reasonable skill and safety.

Review of the KBN AOS #27 Components of Licensed Practical Nursing (LPN) Practice, last revised 06/2014, revealed components of the LPN practice included assessment and interpretation of data. Assessment includes observations of appearance and behavior: measurements of physical structure and physiologic function; and observations of a resident's subjective and

behavior; measurements of physical structure and physiologic function; and observations of a resident's subjective and objective signs and symptoms. Interpreting data includes recognizing existing relationships between data gathered and a resident's health status, established plan of care and medical treatment regimen; determining the resident's need for nursing intervention based upon data gathered regarding the resident's health status, ability to care for self, and

established plan of care; and appropriate consultation.

Record review revealed the facility admitted Resident #1 on 03/16/16 with [DIAGNOSES REDACTED]. Review of Resident #1's Quarterly Minimum Data Set (MDS) assessment, dated 08/16/16, revealed the facility assessed the resident's cognition as intact with a Brief Interview for Mental Status (BIMS) score of fifteen (15) which indicated the resident was interviewable.

Interview with Certified Nurse Aide (CNA) #3, on 09/06/16 at 10:36 AM, revealed she worked on 08/27/16 on the 3:00 PM to 11:00 PM shift and was the CNA responsible for Resident #1's section. She stated at one (1) point Resident #1's temperature was 101.3 degrees F and the resident was not acting like his/her normal self as the resident was not verbally

was 101.3 degrees F and the resident was not acting like inis/ner normal seri as the resident was not verbally communicating. He/she moaned a lot when they provided incontinent care and/or turned and repositioned him/her. She stated she informed Licensed Practical Nurse (LPN) #1 of these changes in the resident's condition.

Interview with CNA #2, on 09/07/16 at 10:17 AM, revealed she was the CNA responsible for Resident #1's unit on 08/27/16 during the 11:00 PM to 7:00 AM shift. She stated she recalled Resident #1 ran an increased temperature of ninety-nine (99) degrees F to one-hundred one (101) degrees F throughout her shift. CNA #2 stated LPN #1 was providing Resident #1's extra Gastrostomy Tube flushes throughout the shift due to Resident #1 having increased temperatures. She also stated she recalled Resident #1 had virtually no output from his/her indwelling urinary catheter and LPN #1 was aware of this because she had reported this to LPN #1. CNA #2 stated she did not recall any drainage from Resident #1's catheter insertion site or in the catheter things or drainage hore.

she had reported this to LPN #1. CNA #2 stated she did not recall any drainage from Resident #1's catheter insertion site or in the catheter tubing or drainage bag. Interview with CNA #1, on 09/02/16 at 3:35 PM, revealed she worked the 3:00 PM to 11:00 PM shift on 08/28/16 and had Resident #1's section and cared for Resident #1. She stated at approximately 5:30 PM to 6:00 PM, Resident #1 could not be aroused or awakened. CNA #1 stated a nurse from another unit, Registered Nurse (RN) #1 was in the room feeding supper to Resident #1's roommante. She notified RN #1 regarding the resident's condition and was told by RN #1 to monitor Resident #1. CNA #1 stated she knew this was not Resident #1's normal behavior so she reported to LPN #1 also, who was the Charge Nurse for the unit. She stated LPN #1 also told her to monitor Resident #1. CNA #1 stated LPN #1 never did check on the resident at the time. Further interview with the CNA revealed at approximately 8:00 PM, while doing an incontinent check on Resident #1, the resident was still unable to be aroused or awakened. CNA #1 stated she again reported this to LPN #1, who again said to monitor the resident. She stated LPN #1 did not assess the resident at the time. CNA #1 stated she had informed LPN #1 during the 3:00 PM-11:00 PM shift on 08/28/16 of Resident #1 not having any urinary output, but she was unsure if LPN #1 assessed the resident. assessed the resident.

Interview with Registered Nurse (RN) #1, on 09/06/16 at 10:25 AM, revealed she was in Resident #1's room on 08/28/16 at approximately 6:00 PM to 6:30 PM assisting Resident #1's roommate with supper. RN #1 stated she recalled CNA #1 coming in to the room and not being able to arouse Resident #1. RN #1 stated she told CNA #1 to just monitor the resident and let the resident rest as he/she was probably just sleepy. She stated she did not assess the resident, but when she finished feeding Resident #1's roommate, she informed LPN #1 of staff not being able to arouse Resident #1 at supper time.

Event ID: YL1011 Facility ID: 185312 FORM CMS-2567(02-99) If continuation sheet

STATEMENT OF	(X1) PROVIDER / SUPPLIER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
DEFICIENCIES AND PLAN OF CORRECTION	/ CLIA IDENNTIFICATION NUMBER	A. BUILDING B. WING	09/21/2016		
NAME OF PROVIDER OF SU	185312 PPLIER	STREET ADDRESS, CITY	 T. STATE, ZIP		
BARKLEY CENTER		4747 ALBEN BARKLEY			
For information on the nursing	PADUCAH, KY 42001 the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.				
(X4) ID PREFIX TAG	•	DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDE			
E 0201	OR LSC IDENTIFYING INFORM	MATION)			
Level of harm - Immediate jeopardy	(continued from page 6) Interview with LPN #1, on 09/05/16 at 5:25 PM, revealed she was the Charge Nurse on Resident #1's unit on the 7:00 PM to 7:00 AM shift on 08/27/16 and 08/28/16. She stated she obtained accu-check results for Resident #1 of four-hundred forty-three (443) mg/dl on 08/27/16 at 8:00 PM, and she obtained accu-check results of four-hundred eighty-six (486) mg/dl on 08/28/16 at 6:00 AM for Resident #1. She stated she did not assess the resident further after the elevated accu-checks,				
F 0281 Level of harm - Immediate	(continued from page 6) Interview with LPN #1, on 09/05/7:00 AM shift on 08/27/16 and 08 forty-three (443) mg/dl on 08/27/0 on 08/28/16 at 6:00 AM for Resic nor did she notify the physician. I she noted these elevated accu-che stopped Resident #1's Gastrostom However, further interview revea perform Resident #1's Scheduled stated the results of the late accu-cacu-check at 01:00 PM on 08/28 temperature, which was 105.4 ded did not call the physician at this tresident to the ER after notifying physician's orders [REDACTED] She stated she wrote the order be order, so therefore, she wrote the catheter prior to sending Resident her of Resident #1 having no urin multiple policies and she could not cacu-check. She further stated LP stated, upon assessing Resident #1 to theER on [DATE]. She stated and on overall assessment of accu-check. She further stated LP stated, upon assessing Resident #1 had green sputum cowas in such bad shape but it had Interview with the ER Director, or complaint of unresponsiveness. Harrived to the ER with purulent the urinary catheter insertion site. He (648) mg/dl along with an occlud this ill in a short period and that Fresident's condition deteriorated. Interview with the Director of Nur Resident #1 with the noted chang condition changes and follow the to write a physician's orders [REI to LPN #1's negligence in perforr **The facility terminated LPN #1 2. On 09/08/16, the Regional Vice which included: Information from (QAPI), Guide for Developing a 0 provided additional re-education, Executive (Administrator) job ded 3. On 09/09/16 through 09/10/16, the DON and RN seventy-two (72) of seventy-two of reviewed 4. On 09/11/16, the DON and RN seventy-two (72) of seventy-two of reviewed the Medication Administemperatures. The DON and RN seventy-two (72) of seventy-two of the residents' care plans to ensure the nesidents' care plans to ensure the nesidents' care plans to ensure the nesidents' care plans to ensure the residents' care plans to ensure the nesidents' care plans to ensure the nesi	MATION) 16 at 5:25 PM, revealed she was the Charge Nurse on Residen 8/28/16. She stated she obtained accu-check results for Reside 16 at 8:00 PM, and she obtained accu-check results for Reside 16 at 8:00 PM, and she obtained accu-check results for Gru-hu lent #1. She stated she did not assess the resident further after PN #1 stated, in hindsight, maybe she should have called the ck results, but she felt the resident's blood sugars would come by Tube feeding at intervals thinking that would bring the resided she did not have a physician's orders [REDACTED]. LPN 8:00 PM accu-check on 08/28/16 until 10:00 PM, two (2) hou check read HI. LPN #1 stated at the time of obtaining Residen 1/16, that she also noticed the resident felt warm. At this time, the stated she should be resident #1 had been running a fever sme. LPN #1 stated because of the elevated temperature and ac Resident #1's spouse. LPN #1 stated she did not contact the pl.#1 on 08/27/16 at 10:20 PM and on 08/28/16 at 2:30 AM due asses she believed the physician would not want to be bothere order herself. She also stated she did not assess Resident #1's #1 out to the ER. LPN #1 stated after Resident #1 was sent to ary output for the 3:00 PM - 11:00 PM shift on 08/28/16. She or remember the specifics of all the policies off hand. 9/08/16 at 9:26 AM, revealed she was the paramedic that was ed upon arrival LPN #1 could not provide any pertinent inforn the resident's condition other than Resident #1 had a high few N #1 mentioned Resident #1 had a fever the night before on S1, it was noted that Resident #1 had ream and powder all oved all over the perineal area and on the catheter also. She stated at the resident resident resident resident resident resident resident resident fewer and an accu-check ed the stated the resident resident decreased fever and an accu-check ed in well may be a subject to the resident	at #1's unit on the 7:00 PM to nt #1 of four-hundred indred eighty-six (486) mg/dl the elevated accu-checks, resident's physician when a down because she had lent's blood sugar down. #1 further stated she did not res after it was scheduled. She it #1's scheduled 8:00 PM she took the resident's since 08/27/16. She stated she cou-check, she sent the hysician, but wrote a control over a simple Tylenol indwelling urinary of the ER, CNA #1 informed stated the facility had a much. Paramedic #1 stated ed, She was sorry the resident #1 ge coming from the resident's for six-hundred forty-eight Resident #1 did not become the facility as the LPN #1 to have further assessed fy the physician of the ceptable for a licensed staff the physician of the ceptable for a licensed staff the physician of the ceptable for a licensed staff the care plan the facility and the wed and read the medical nents by the licensed staff, the care plan. The ovalidate catheter the visidents had elevated the visidents of the care plan. The ovalidate catheter are plan to resident had elevated the visidents of the care plan of all seven (7) is orders to receive deduction included: mplementing of care plans; nent of indwelling urinary plete/accurate clinical cy/posttests after this on included the facility's and how to identify symptoms of the care plans; and how to identify symptoms of the control included the facility's and how to identify symptoms of the care plans; and how to identify symptoms of the care plans; and how to identify symptoms of the care plans; and how to identify symptoms of the care plans; and how to identify symptoms of the care plans; and how to identify symptoms of the care plans; and how to identif		
	transfer/discharges out of the faci nurse on duty; that documentation will be completed daily over a pe	I will continue to review all medical changes in condition asse lity to visually validate physician and responsible party notific in has been done in the medical record; and, care plans have be priod of fourteen (14) days for a minimum of three (3) audits per then three (3) times a week for two (2) weeks then twice a week	cation by a licensed en revised as needed. This er shift over the fourteen		
	weekly times twelve (12) weeks. 11. Beginning on 09/13/16, the DO license nurses reviewed and will of physician's orders [REDACTED] week for two (2) weeks, then twice	Areas of concern will be corrected upon discovery. DN, Nurse Practice Educator, RN Clinical Reimbursement Cocontinue to review the MAR and TAR and the medical record. (3) audits per shift over the fourteen (14) days including weel be a week for eight (8) week, then weekly times twelve (12) w	ordinator, RN MDS Coordinator and for residents who have kends, then three (3) times a		
		ON, Nurse Practice Educator, RN Clinical Reimbursement Co continue to observe for signs and symptoms of UTI related to			

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STATEMENT OF	(X1) PROVIDER / SUPPLIER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
DEFICIENCIES AND PLAN OF	/ CLIA IDENNTIFICATION	A. BUILDING B. WING	09/21/2016		
CORRECTION	NUMBER				
NAME OF PROVIDER OF SUP	185312 PPLIER	STREET ADDRESS, CITY, STA	L ATE, ZIP		
BARKLEY CENTER		4747 ALBEN BARKLEY DRIV	/E		
For information on the nursing h	PADUCAH, KY 42001 or information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.				
(X4) ID PREFIX TAG	•	EFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY	FULL REGULATORY		
F 0281	(continued from page 7)	orform and or observe industing authors are daily with documen	tation on the TAP. This		
Level of harm - Immediate jeopardy	includes RNs and or LPNs, will perform and or observe indwelling catheter care daily with documentation on the TAR. This will be completed daily over a period of fourteen (14) days for a minimum of three (3) audits per shift over the fourteen (14) days including weekends, then three (3) times a week for two (2) weeks then twice a week for eight (8) weeks then weekly times twelve (12) weeks and areas of concern will be corrected upon discovery.				
Residents Affected - Few	13. Beginning on 09/13/16, the DO	ON, Nurse Practice Educator, RN Clinical Reimbursement Coordinate			
	and/or RN interviewed and will continue to interview at least two (2) licensed nurses including RNs or LPNs daily over a period of fourteen (14) days for a minimum of three (3) audits per shift over the fourteen (14) days including weekends, then three (3) times a week for two (2) weeks then twice a week for eight (8) weeks then weekly times twelve (12) weeks to				
	validate knowledge of proper doc	umentation in the medical record, knowledge of the identification a	nd assessment of a		
	concern will be corrected upon di				
	Leadership Rounding Guide/Forn	Iministrator and DON conducted and will continue to conduct round. Rounds were and will be conducted and documented at least once	e weekly for eight (8) weeks		
	Information gathered on the Roun	of each shift over the first eight (8) weeks and then monthly for fou ding Guide will be brought to the Quality Improvement Committee	by the Administrator.		
	Rounding Form and the Quality I	f Operations or the Regional Manager of Clinical Operations will remprovement Committee minutes for at least three (3) months. Addi			
	**The State Survey Agency valida	ions from the Quality Improvement Committee. ted the corrective action taken by the facility as follows:			
	employment from the facility due	ace Improvement Plan for LPN #1, dated 09/07/16, revealed LPN # to negligence in performance of job duties and failed to notify the part of the province of the province of job duties and failed to notify the province of job duties and failed to notify the province of job duties and failed to notify the province of job duties are provinced in the province of job duties.			
		re President of Operation on 09/21/16 at 2:05 PM, revealed she did			
	including: Five Elements of QAP	n 09/08/16, to the Administrator and DON which included: Information of the Information o	ing Guide. The Regional Vice		
		led additional re-education which included: Regulation details rega (Administrator) job description and Center Nurse Executive (DON)			
		DON on 09/20/16 at 11:20 AM, revealed they did receive re-education on 09/08/16 regarding CMS resources including: Five Element			
	Developing a QAPI Plan and QAPI provided additional re-education,	PI Leadership Rounding Guide. They stated the Regional Vice Pres which included: Regulation details regarding F-490 related to admi	sident of Operation also		
	Executive (Administrator) job des	scription and Center Nurse Executive (DON) job description. the facility's completed Urinary Tract Infection-Infection Control I			
	were completed between 09/09/16	5 through 09/10/16 on all seven (7) residents who utilized indwellin with RN #2 on 09/21/16 at 8:05 AM and RN #3 on 09/21/16 at 2:50	g urinary catheters with		
	been educated in regards to cathet	er care. They stated that licensed staff must observe catheter care o staff would have to perform the catheter care.			
	4. On 09/20/16, the SSA reviewed	the facility's completed audit, dated 09/10/16 of the DON's review asments for the last thirty (30) days with no concerns identified.	of all residents'		
	5. On 09/20/16, the SSA reviewed	the facility's completed audit of the DON and RN Nurse Practice Esigns portal for seventy-two (72) of seventy-two (72) residents from			
		eview of the residents' medical records; and, review of the residents			
	6. On 09/20/16, the SSA reviewed	the facility's completed audit of the DON and RN Nurse Practice E m 09/01/16 through 09/10/16 and review of physician notifications			
	results of less than 70 mg/dl or an	y accu-check results greater than 400 mg/dl with no concerns ident the facility's completed 09/12/16 audit conducted by the RN, Clini-	ified.		
	Coordinator, and RN MDS Coord	inator of the residents' care plans for residents who utilized indwell ceive accu-checks. No concerns were identified.			
	8. On 09/20/16, the SSA reviewed	the facility's sign in sheets, dated 08/31/16 through 09/13/16, and c used staff related to the education the facility provided to all license			
	regarding: physician notification,	timely reviewing/revising care plans, indwelling urinary catheter			
	the facility's Stop and Watch Earl	omplete/accurate clinical records, necessary care and services provi y Warning Tool. Interviews on 09/20/16 with LPN #3 at 1:55 PM, 1	LPN #4 at 2:07 PM, RN #3		
	notification, timely reviewing/rev	nd RN #4 at 2:50 PM, revealed they all had the facility's re-educations care plans, indwelling urinary catheter care/assessment/observ	vation of,		
	Early Warning Tool. They all also	s, necessary care and services provided to residents and the facility's confirmed they had to take posttests over the re-education training	g the facility provided		
	all CNAs related to the education	the facility's sign in sheets, dated 09/01/16 through 09/13/16 and on the facility provided to all CNAs regarding: the facility's Stop and '	Watch Early Warning		
	residents. Interviews on 09/20/16	NAs should utilize this tool and how to identify symptoms of infectivith CNA #5 at 12:40 PM, CNA #6 at 12:48 PM, CNA #7 at 1:12			
		ad the facility re-education training on the Stop and Watch Early W			
	also confirmed they had to take pe	tilize this tool and how to identify symptoms of infection in geriatri osttests over the re-education training the facility provided.	•		
	facility reviewed all medical chan	d the current and ongoing audits completed daily from 09/13/16-09 ges in condition assessments and transfer/discharges out of the faci	lity and the visual		
	record along with the review of ca	nsible party notification by a licensed nurse on duty and the docume are plans to ensure they have been revised as needed. No concerns we	were identified.		
	reviewed the MAR and TAR and	d the current and ongoing audits dated 09/13/16 -09/19/16 and dete the medical record for residents who had physician's orders [REDA]	ACTED]. The facility visually		
	readings less than 70 mg/dl and or	ons were documented in the medical record by a licensed nurse on a greater than 400 mg/dl and the visually validated to ensure the car			
	and implemented. No concerns w 12. On 09/20/16, the SSA reviewe	ere identified. d the current and ongoing audit, dated 09/13/16 through 09/19/16, a	and determined the		
		nptoms of UTI related to indwelling urinary catheter use and visual ented related to catheter care. No concerns were identified.	ly validated if the		
	13. On 09/20/16, the SSA reviewe	d the current and ongoing audits, dated 09/13/16-09/19/16, and dete ed nurses including RNs or LPNs daily for a minimum of three (3)			
	interviews validated knowledge o	f proper documentation in the medical record, knowledge of the ide on, and the documentation requirements for a change of condition in	entification and		
	notification. No concerns were ide				
	conducted rounds and utilized the QAPI Leadership Rounding Guide/Form. No concerns were identified. 15. Interview with the Regional Vice President of Operation on 09/21/16 at 2:05 PM, revealed she will be reviewing the QAPI				
	Leadership Rounding Form and the Quality Improvement Committee minutes for at least three (3) months and additional a will be conducted based on recommendations from the Quality Improvement Committee.				
win or conducted based on recommendations from the Quanty improvement Committee.					
F 0282	Provide care by qualified person	s according to each resident's written plan of care.			
Level of harm - Immediate	**NOTE- TERMS IN BRACKET	S HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**, review of the hospital reports, and facility policies and procedures			
jeopardy		n accordance with the written plan of care for one (1) of four (4) sa			

Residents Affected - Few FORM CMS-2567(02-99) Previous Versions Obsolete

X3) DATE SURVEY STATEMENT OF (X1) PROVIDER / SUPPLIER (X2) MULTIPLE CONSTRUCTION COMPLETED DEFICIENCIES AND PLAN OF CORRECTION CLIA
IDENNTIFICATION
NUMBER À. BUILDING B. WING ____ 09/21/2016 185312 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP BARKLEY CENTER 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (X4) ID PREFIX TAG OR LSC IDENTIFYING INFORMATION) F 0282 (Resident #1). Level of harm - Immediate Resident #1 was care planned for the use of a catheter and insulin dependent Diabetes with interventions to monitor for signs and symptoms of infection and report to physician; monitor output for odor, color, consistency, amount, sediment, cloudy, blood and amount; and, monitor for signs and symptoms of hyper/[DIAGNOSES REDACTED] and report abnormal findings jeopardy Residents Affected - Few physician. However, licensed staff failed to monitor the resident's catheter and urine for signs and symptoms of infection; and, failed to report to the physician when the resident had abnormal proof graces manage remained than 400 mg/dl.

On 08/28/16 at 10:00 PM, Resident #1 was found unresponsive, had an accu-check of HI (above 600 mg/ml) and a temperature of 105.4 degrees Fahrenheit, and was sent to the emergency room (ER). Resident #1 was diagnosed with [REDACTED].

The facility's failure to provide services in accordance with each resident's written plan of care has caused or is likely to cause serious injury, harm, or impairment to a resident. Immediate Jeopardy was identified on 09/08/16 and determined to exist on 08/27/16. The facility was notified of the Immediate Jeopardy on 09/08/16. An acceptable Allegation of Compliance (AoC) was received on 09/20/16, and the State Survey Agency validated the Immediate Jeopardy was removed on 09/14/16, 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: and, failed to report to the physician when the resident had abnormal blood glucose findings related to accu-checks greater The findings include:
Review of the facility's policy titled, Care Plans, dated 01/02/14, revealed the interdisciplinary team should develop a comprehensive, individualized care plan for each resident. The care plan should include measurable objectives to meet resident needs and goals as identified by the assessment process. The purpose of the Care Plan was to provide necessary care and services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.

Record review revealed the facility admitted Resident #1 on 03/16/16 with [DIAGNOSES REDACTED]. Review of Resident #1's Quarterly Minimum Data Set (MDS) assessment, dated 08/16/16, revealed the facility assessed the resident's cognition as intact with a Brief Interview for Mental Status (BIMS) score of fifteen (15) which indicated the resident was interviewable and the resident had a Urianry Tract Infection.

Review of the Comprehensive Care Plan for requiring indwelling catheter due to [MEDICAL CONDITION] Bladder, dated 03/16/16, revealed interventions to provide catheter care two (2) times a day and as needed; monitor for signs and symptoms of infection and report to physician; monitor output for odor, color, consistency and amount; and, monitor urine for sediment, odor, blood and amount. odor, blood and amount.

Review of the Comprehensive Care Plan for Diabetes/insulin dependent, dated 03/17/16, revealed interventions to monitor for signs and symptoms of hyper/[DIAGNOSES REDACTED] and report abnormal findings to physician; and, monitor for signs and symptoms of infection and report as indicated.

Review of Resident #1's August 2016 Medication Administration Record (MAR) and interview with Licensed Practical Nurse (LPI #1 on 09/05/16 at 5:25 PM, revealed the resident's accu-check was four-hundred forty-three (443) mg/dl on 08/27/16 at 8:00

PM. In addition, LPN #1 administered Tylenol per [DEVICE] (gastrostomy - feeding tube) for an increased temperature on 08/27/16 at 10:20 PM and again on 08/28/16 at 2:30 AM. given.

Further review of the August 2016 MAR revealed on 08/28/16 at 6:00 AM, Resident #1's accu-check was four-hundred eighty-six (486) revealed and the control of the state o (486) mg/dl and review of Resident #1's Output Records for August 2016, revealed Resident #1 had 100 milliliters (ml) of urinary output during the 3:00 PM-11:00 PM shift and no urinary output (marked zero) from his/her indwelling urinary catheter on 08/27/16 during the 11:00 PM-7:00 AM shift. Further review revealed the resident had no urinary output on 08/28/16 on the 3:00 PM-11:00 PM shift. LPN #1 stated Resident #1 had been running a fever since 08/27/16. She stated she did not assess the resident for signs and symptoms of infection nor did she notify the physician of the resident's abnormal accu-checks, per the care plan. She stated she did not assess Resident #1's indwelling urinary catheter prior to sending Resident #1 out to the ER. LPN #1 stated after Resident #1 was sent to the ER, CNA #1 informed her of Resident #1 having no urinary output for the 3:00 PM - 11:00 PM shift on 08/28/16. She stated she was not aware of what the care plan interventions were, as she had not had time to look at them, but she was aware she was expected to know the resident care Plans and follow them.

Review of Resident #1's Nursing Note, dated 08/29/16 at 2:00 AM, revealed at 10:00 PM on 08/28/16, Resident #1 had a accu-check (blood sugar reading) of HI (above 600 mg/ml) and a temperature of 105.4 degrees Fahrenheit and was sent to the emergency room (ER). Review of pictures taken by the local hospital on [DATE] at 11:40 PM, and interviews with Paramedic #1 on 09/08/16 at 9:26 AM and the ER Director on 09/07/16 at 11:00 AM, revealed Resident #1's indwelling urinary catheter tubing had a crust-like material coated over the catheter and green drainage noted all over the perineal area and on the catheter, and a thick Interviews with Certified Nurse Aide (CNA) #9 on 09/03/16 at 3:57 PM, who worked with Resident #1 during the 7:00 AM-3:00 PM shift on 08/27/16, CNA #2 on 09/07/16 at 10:17 AM, who worked with Resident #1 on 08/27/16 during the 11:00 PM-7:00 AM shift, CNA #4 on 09/07/16 at 2:35 PM, who worked with Resident #1 on 08/28/16 on the 7:00 AM-3:00 PM shift, CNA #4 on 09/02/16 at 2:35 PM, who worked with Resident #1 on 08/28/16 on the 7:00 AM-3:00 PM shift, and CNA #1 on 09/02/16 at 3:35 PM, who worked the 3:00 PM-11:00 PM shift on 08/28/16 revealed the CNAs did not recall any drainage from Resident #1's catheter insertion site or in the catheter tubing or drainage bag during incontinent care and/or catheter care. However, the resident was identified as having a crust-like material coated over the catheter, green drainage noted all over the perineal area and on the catheter, and sediment and a purulent drainage in the catheter drainage tubing on 08/28/16 by the Paramedic and hospital ER staff.

Review of the Hospital Discharge Summary, dated 09/01/16, revealed Resident #1 was admitted to the hospital from 08/28/16-09/01/16 with [DIAGNOSES REDACTED].

Interview with the Director of Nursing, on 09/08/16 at 8:15 PM, revealed she expected staff to follow the care plans. Interview with the Director of Nursing, on 09/08/16 at 8:15 PM, revealed she expected staff to follow the care plans.

**The facility implemented the following actions to remove the Immediate Jeopardy:

1. The facility terminated LPN #1 on 09/07/16.

2. On 09/08/16, the Regional Vice President of Operation provided re-education, via phone, to the Administrator and DON which included: Information from CMS resources including: Five Elements of Quality Assurance Performance Improvement (QAPI), Guide for Developing a QAPI Plan and QAPI Leadership Rounding Guide. The Regional Vice President of Operation also provided additional re-education, which included: Regulation details regarding F-490 related to administration, Center Executive (Administrator) job description, and Center Nurse Executive (DON) job description.

3. On 09/09/16 through 09/10/16, the facility assessed all seven (7) residents who utilized an indwelling urinary catheter. The facility utilized their urinary tract infection - infection control reporting form to assess these residents. The facility also implemented licensed staff either will visually assess each resident's catheter care to validate catheter care. care or licensed staff will provide catheter care.
4. On 09/10/16, the DON reviewed all medical change in condition assessments for the last thirty (30) days and found thirty (30) of seventy-two (72) residents had medical change in condition assessments. The DON reviewed and read the medical change in condition assessments in the medical record to validate the completion of the assessments by the licensed staff, which included the timely notification of the physician and the updating and implementation of the care plan.

5. On 09/11/16, the DON and RN Nurse Practice Educator reviewed all resident temperatures in the vital signs portal for seventy-two (72) of seventy-two (72) residents from 09/01/16 through 09/10/16 to identify if any resident had elevated temperatures during that period of time of 101 degrees Fahrenheit or greater. The DON and RN Nurse Practice Educator then reviewed the Medication Administration Records (MARs) to ensure medication was provided as ordered for elevated temperatures. The DON and RN Nurse Practice Educator also reviewed the residents' medical records to ensure a medical change in condition was initiated by the licensed staff on duty at the time and to ensure the physician and responsible change in condition was initiated by the licensed staff on duty at the time and to ensure the physician and responsible party were notified timely of the change in condition. The DON and RN Nurse Practice Educator further reviewed the party were notified timely of the change in condition. The DON and RN Nurse Practice Educator further reviewed the residents' care plans to ensure the care plans were updated to reflect the medical change in conditions.

6. On 09/11/16, the DON and RN Nurse Practice Educator reviewed the MARs and Treatment Administration Records (TARs) of all residents (who had physician's orders [REDACTED].

7. On 09/12/16, the RN Clinical Reimbursement Coordinator and RN MDS Coordinator reviewed the care plans of all seven (7) residents who had indwelling urinary catheters and all sixteen (16) residents who had Physicians' Orders to receive accu-checks to ensure these residents' care plans were up to date and current.

8. On 08/31/16 through 09/13/16, the facility initiated re-education to all RNs and LPNs. The re-education included:

Facility ID: 185312

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER / SUPPLIER / CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION	IDENNTIFICATION NUMBER	B. WING	09/21/2016		
NAME OF PROVIDER OF SUI	185312 PPLIER	STREET ADDRESS, CITY, ST.	ATE ZIP		
BARKLEY CENTER		4747 ALBEN BARKLEY DRI PADUCAH, KY 42001			
For information on the nursing l	home's plan to correct this deficience	cy, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				
F 0282 Level of harm - Immediate	(continued from page 9) physician notification related to resident condition changes; the timely reviewing/revising and implementing of care plans; providing necessary care and services to all residents; providing appropriate monitoring/assessment of indwelling urinary				
	records including sufficient inform	nation to identify the resident. The facility utilized competency/po	sttests after this		
	physician notification related to reproviding necessary care and server catheters/care of catheters; utilizin records including sufficient informeducation was provided and prese 9. On 09/01/16 through 09/13/16, Stop and Watch Early Warning Tinfection in geriatric residents. The 10. Beginning on 09/13/16, the DO or Registered Nurse reviewed and transfer/discharges out of the facinurse on duty; that documentation will be completed daily over a per (14) days including weekends, the weekly times twelve (12) weeks. 11. Beginning on 09/13/16, the DO license nurses reviewed and will ophysician's orders [REDACTED] week for two (2) weeks, then twice the corrected upon discovery. 12. Beginning on 09/13/16, the DO RN or LPN did observe and will on the corrected upon discovery. 12. Beginning on 09/13/16, the DO RN or LPN did observe and will on the corrected upon discovery. 12. Beginning on 09/13/16, the DO RN or LPN did observe and will on the corrected upon discovery. 13. Beginning on 09/13/16, the DO RN or LPN did observe and will on the completed daily over a per (14) days including weekends, the weekly times twelve (12) weeks a 13. Beginning on 09/13/16, the DO and/or RN interviewed and will on the completed of fourteen (14) days for a then three (3) times a week for two validate knowledge of proper dochange in condition, the documencern will be corrected upon di 14. Beginning on 09/13/16, the AC Leadership Rounding Guide/Forn to include at least two (2) rounds Information gathered on the Rounding Form and the Quality It conducted based on recommendate **The State Survey Agency validated to Rounding Form and the Quality It conducted based on recommendated the resident's change in condition. 2. Interview with the Regional Vice President of Opera Developing a QAPI Plan and	ices to all residents; providing appropriate monitoring/assessment go the facility's Stop and Watch Early Warning Tool and complete nation to identify the resident. The facility utilized competency/pointed to the licensed staff. the facility initiated re-education to all CNAs. The re-education in ool and how licensed staff and CNAs should utilize this tool and he facility utilized posttests after the re-education was given. DN, Nurse Practice Educator, RN Clinical Reimbursement Coordin will continue to review all medical changes in condition assessment that she been done in the medical record; and, care plans have been re riod of fourteen (14) days for a minimum of three (3) audits per shi en three (3) times a week for two (2) weeks then twice a week for each areas of concern will be corrected upon discovery. DN, Nurse Practice Educator, RN Clinical Reimbursement Coordin continue to review the MAR and TAR and the medical record, for (3) audits per shift over the fourteen (14) days including weekend are week for eight (8) week, then weekly times twelve (12) weeks are a week for eight (8) week, then weekly times twelve (12) weeks are a week for eight (3) days for a minimum of three (3) audits per shift of orther of the days for a minimum of three (3) audits per shift of ourteen (14) days for a minimum of three (3) audits per shift on three (3) times a week for two (2) weeks then twice a week for eight (8) weeks then weekly timentation in the medical record, knowledge of the identification tation requirements for a change of condition including physician scovery. DN, Nurse Practice Educator, RN Clinical Reimbursement Coordina Guide will be brought to the Quality Improvement Committee of Departions or the Regional Manager of Clinical Operations will imm	of indwelling urinary 'accurate clinical stetests after this cluded the facility's ow to identify symptoms of mator, RN MDS Coordinator and this and he by a licensed vised as needed. This ift over the fourteen eight (8) weeks then mator, RN MDS Coordinator and residents who have s, then three (3) times a and areas of concern will mator, RN MDS Coordinator and residents who have s, then three (3) times a and areas of concern will mator, RN MDS Coordinator and residents who have serse on duty, which nation on the TAR. This ift over the fourteen eight (8) weeks then mator, RN MDS Coordinator or LPNs daily over a neluding weekends, rest twelve (12) weeks to and assessment of a notification. Areas of and and utilize the QAPI we weekly for eight (8) weeks ur (4) months. we by the Administrator. review the QAPI Leadership itional audits will be #I was terminated from physician with a I provide mation from CMS resources ling Guide. The Regional Vice arding F-490 related to 0) job description. ation/training from the tats of QAPI, Guide for sident of Operation also inistration, Center Reporting Forms which ng urinary catheters with 00 PM, revealed they had or if licensed staff or of all residents' Educator's review of all n 09/01/16 through s' care plans with no Educator's review of all		
	results of less than 70 mg/dl or an 7. On 09/20/16, the SSA reviewed Coordinator, and RN MDS Coord	m 09/01/16 through 09/10/16 and review of physician notification y accu-check results greater than 400 mg/dl with no concerns iden the facility's completed 09/12/16 audit conducted by the RN, Clin linator of the residents' care plans for residents who utilized indwel control and the concern were identified.	tified. ical Reimbursement		
	8. On 09/20/16, the SSA reviewed competency/post tests for all licer regarding: physician notification,	ceive accu-checks. No concerns were identified. the facility's sign in sheets, dated 08/31/16 through 09/13/16, and ssed staff related to the education the facility provided to all license timely reviewing/revising care plans, indwelling urinary catheter	ed staff		
	the facility's Stop and Watch Earl at 2:21 PM, LPN #5 at 2:33 PM a notification, timely reviewing/rev complete/accurate clinical records Early Warning Tool. They all also 9. On 09/20/16, the SSA reviewed all CNAs related to the education Tool and how licensed staff and C residents. Interviews on 09/20/16	omplete/accurate clinical records, necessary care and services prov y Warning Tool. Interviews on 09/20/16 with LPN #3 at 1:55 PM, nd RN #4 at 2:50 PM, revealed they all had the facility's re-educat ising care plans, indwelling urinary catheter care/assessment/obser s, necessary care and services provided to residents and the facility o confirmed they had to take posttests over the re-education trainin the facility's sign in sheets, dated 09/01/16 through 09/13/16 and of the facility provided to all CNAs regarding: the facility's Stop and SNAs should utilize this tool and how to identify symptoms of infe with CNA #5 at 12:40 PM, CNA #6 at 12:48 PM, CNA #7 at 1:12	LPN #4 at 2:07 PM, RN #3 ion training on physician vaction of, 's Stop and Watch g the facility provided completed post tests for Watch Early Warning ction in geriatric		
	licensed staff and CNAs should u also confirmed they had to take p 10. On 09/20/16, the SSA reviewe facility reviewed all medical chan validation of physician and respon record along with the review of ca	and the facility re-education training on the Stop and Watch Early Valilize this tool and how to identify symptoms of infection in geriatrosttests over the re-education training the facility provided. d the current and ongoing audits completed daily from 09/13/16-0/ges in condition assessments and transfer/discharges out of the facisible party notification by a licensed nurse on duty and the docum are plans to ensure they have been revised as needed. No concerns d the current and ongoing audits dated 09/13/16-09/19/16 and det	ic residents. They all 9/19/16, and determined the ility and the visual entation in the medical were identified.		

Facility ID: 185312

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

(X3) DATE SURVEY STATEMENT OF (X1) PROVIDER / SUPPLIER (X2) MULTIPLE CONSTRUCTION COMPLETED DEFICIENCIES AND PLAN OF CORRECTION CLIA
IDENNTIFICATION
NUMBER À. BUILDING B. WING ____ 09/21/2016 185312 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001 BARKLEY CENTER

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (X4) ID PREFIX TAG

F 0282

Level of harm - Immediate jeopardy

(continued... from page 10) reviewed the MAR and TAR and the medical record for residents who had physician's orders [REDACTED]. The facility visually validated that physician notifications were documented in the medical record by a licensed nurse on duty for accu-check readings less than 70 mg/dl and or greater than 400 mg/dl and the visually validated to ensure the care plan was current and implemented. No concerns were identified.

Residents Affected - Few

12. On 09/20/16, the SSA reviewed the current and ongoing audit, dated 09/13/16 through 09/19/16, and determined the facility observed for signs and symptoms of UTI related to indwelling urinary catheter use and visually validated if the care plan was current and implemented related to catheter care. No concerns were identified. 13. On 09/20/16, the SSA reviewed the current and ongoing audits, dated 09/13/16-09/19/16, and determined the facility interviewed at least two (2) licensed nurses including RNs or LPNs daily for a minimum of three (3) audits per shift. The interviews validated knowledge of proper documentation in the medical record, knowledge of the identification and

assessment of a change in condition, and the documentation requirements for a change of condition including physician notification. No concerns were identified.

14. On 09/20/16, the SSA reviewed the current and ongoing audits, dated 09/13/16, and determined the Administrator and DON conducted rounds and utilized the QAPI Leadership Rounding Guide/Form. No concerns were identified.

15. Interview with the Regional Vice President of Operation on 09/21/16 at 2:05 PM, revealed she will be reviewing the QAPI Leadership Rounding Form and the Quality Improvement Committee minutes for at least three (3) months and additional audits will be conducted based on recommendations from the Quality Improvement Committee.

will be conducted based on recommendations from the Quality Improvement Committee.

F 0309

Provide necessary care and services to maintain the highest well being of each resident **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

Level of harm - Immediate jeopardy

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY
Based on observation, interview, record review, review of hospital reports, and review of the facility's policy and procedure, it was determined the facility failed to ensure the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care for one (1) of four (4) sampled residents (Resident #1).

On 08/27/16 at 8:00 PM, Resident #1 was identified as having an accu-check (blood sugar level) of approximately four-hundred forty-three (443) milligrams/deciliter {mg/dl} (normal: 70-100 mg/dl). The resident's temperature ranged between 99 degrees F to 101 degrees Fahrenheit (normal 98.6 F). The resident had 100 milliliters (ml) of urinary output during the 3:00 PM-11:00 PM shift and no urinary output during the 11:00 PM-7:00 AM shift on 08/27/16. On 08/28/16 at 6:00 AM, the resident's accu-check was four-hundred eighty-six (486) mg/dl; and, the resident had no urinary output during the 3:00 PM-11:00 PM shift. On 08/28/16, during the 3:00 PM-11:00 PM shift, the resident was identified as being non-responsive and two (2) licensed staff were made aware. However, there was no documented evidence the facility assessed the resident and the physician was notified related to the resident's high blood sugar, no urinary output, and increased temperatures per facility policy and care plan.

the physician was notified related to the resident's night blood sugar, no timinary output, and increased temperatures perfacility policy and care plan.

On 08/28/16 at 10:00 PM, Resident #1 was found unresponsive, had an accu-check of HI (above 600 mg/ml) and a temperature of 105.4 degrees Fahrenheit. The accu-check was supposed to have been completed at 8:00 PM on 08/28/16, but was not completed until 10:00 PM. Resident #1 was sent to the emergency room (ER) and admitted to the hospital, on 08/29/16, with [DIAGNOSES]

The facility's failure to ensure necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care when a resident had a change in condition and function has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 09/08/16 and determined to exist on 08/27/16. The facility was notified of the Immediate Jeopardy on 09/08/16. An acceptable Allegation of Compliance (AoC) was received on 09/20/16, alleging the removal of Immediate Jeopardy on 09/14/16 and the State Survey Agency validated the Immediate Jeopardy was removed on 09/14/16, 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 (QUA) monitors the effectiveness of the systemic changes.

The findings include:
Review of the facility's Diabetic Care Protocol, dated 08/01/15, revealed the facility is to evaluate for and respond to any change in condition. Further review of this protocol, revealed the facility is to notify the physician/mid-level provider immediately of any blood glucose level greater than 400 mg/dl (which is considered Urgent) for any resident that does not have ordered parameters. The protocol also states to notify the physician/mid-level provider as soon as possible during normal business hours if the blood glucose is greater than 350 mg/dl or greater than 300 mg/dl on two (2) consecutive

readings.
Review of the facility's policy Physician/Mid-level Provider Notification, last revised 03/15/16, revealed upon Review of the facility's policy Physician/Mid-level Provider Notification, last revised 03/15/16, revealed upon identification of a resident who has a change in condition or abnormal lab values, a licensed nurse will perform appropriate clinical observations and data collection and report to the physician/mid-level provider. Further review of this policy, revealed the purpose of this policy was to communicate a change in resident's condition to physician/mid-level provider and initiate interventions as needed/ordered.

Record review revealed the facility admitted Resident #1 on 03/16/16 with [DIAGNOSES REDACTED]. Review of Resident #1's Quarterly Minimum Data Set (MDS) assessment, dated 08/16/16, revealed the facility assessed the resident's cognition as intact with a Brief Interview for Mental Status (BIMS) score of fifteen (15) which indicated the resident was

Quarterly Minimum Data Set (MDS) assessment, dated 08/10/10, revealed the facility assessed the resident s cognition as intervited a Brief Interview for Mental Status (BIMS) score of fifteen (15) which indicated the resident was interviewable.

Review of Resident #1's Physician Orders, dated 08/09/16, revealed to administer Freesia Flex Touch Solution Pen-Injector (insulin) twenty-five (25) units subcutaneously at bedtime. In addition, there was an order to complete a finger stick blood glucose two (2) times a day. Further review of the physician's orders [REDACTED].

Review of the Comprehensive Care Plan for [DIAGNOSES REDACTED].

Review of Resident #1's August 2016 Medication Administration Record (MAR) revealed the resident's accu-checks mostly ran in the two-hundred (200) milligrams per deciliter (mg/dl) range with a few sporadic results which were in the three-hundred (300) range. However, on 08/27/16 at 8:00 PM, Resident #1 accu-check was four-hundred forty-three (443) mg/dl and there was no documented evidence LPN #1 initialed the mark indicating she administered Tylenol 650 mg via [DEVICE] (gastrostomy feeding tube) to Resident #1 on 08/27/16 at 10:20 PM related to a temperature. LPN #1 also initialed the MAR that she administered Tylenol 650 mg via [DEVICE] on 08/28/16 at 2:30 AM. However, there was no documentation as to what the resident's temperature was at the time.

Interview with Certified Nurse Aide (CNA) #3 on 09/06/16 at 10:36 AM, revealed she worked on 08/27/16 on the 3:00 PM to 11:00 PM shift and was the CNA who was responsible for Resident #1's section. She stated at one point Resident #1's temperature was 101.3 degrees F and the resident was not acting like his/her normal self as this resident was not verbally communicating and moaned a lot when they provided incontinent care and or turned and repositioned him/her. She stated she informed LPN #1 of these changes in the resident's condition.

Further review of the August 2016 MAR revealed on 08/28/16 at 2:30 AM, LPN #1 administered Tylenol

no documentation of why it was administered and no documented evidence Resident #1 was assessed after the administration of the Tylenol at 2:30 AM to determine if the medication was effective.

Further review of the August 2016 MAR revealed no 108/28/16 at 6:00 AM, Resident #1's accu-check was four-hundred eighty-six (486) mg/dl and review of the resident's Output Records for August 2016, revealed Resident #1 had no output (marked zero) from his/her indwelling urinary catheter on 08/27/16 during the 11:00 PM-7:00 AM shift. However, there was no documented evidence LPN #1 assessed the resident and notified the physician of the resident's change in condition and elevated

accu-check, per facility policy.

Interview with CNA #2, on 09/07/16 at 10:17 AM, revealed she was the CNA responsible for Resident #1's unit on 08/27/16 during the 11:00 PM to 7:00 AM shift. She stated she recalled Resident #1 ran an increased temperature of ninety-nine (99) degrees F to one-hundred one (101) degrees F throughout her shift. CNA #2 stated LPN #1 was providing Resident #1 extra Gastrostomy Tube flushes throughout the shift due to Resident #1 having increased temperatures. She also stated she recalled Resident #1 had virtually no output from his/her indwelling urinary catheter and LPN #1 was aware of this because she had reported this to LPN #1. CNA #2 stated she did not recall any drainage from Resident #1's catheter insertion site

Residents Affected - Few

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: YL1011

Facility ID: 185312 If continuation sheet

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCT A. BUILDING B. WING	TION	(X3) DATE SURVEY COMPLETED 09/21/2016
	185312			
NAME OF PROVIDER OF SUP BARKLEY CENTER	PLIER		STREET ADDRESS, CITY, STA 4747 ALBEN BARKLEY DRIV PADUCAH, KY 42001	
For information on the nursing h	ome's plan to correct this deficience	cy, please contact the nursing hom	ne or the state survey agency.	
	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM		ENCY MUST BE PRECEDED BY	7 FULL REGULATORY
F 0309	(continued from page 11)	ge hag		
	Further review of the Output Reco	rds revealed on 08/28/16, Resider		
	had conducted an assessment rela-	ted to the resident's decreased urin	nary output.	
Level of harm - Immediate jeopardy Residents Affected - Few	or in the catheter tubing or drainage. Further review of the Output Reco 3:00 PM-11:00 PM shift. Review	rds revealed on 08/28/16, Resider of Resident #1's clinical record, reted to the resident's decreased urin 16 at 3:35 PM, revealed she work or Resident #1. Revealed she work or Resident #1. PM at 18 at 18:35 PM, revealed she work or Resident #1. PM at 19 the resident's condition and she work of the resident's condition and she work of the resident's condition and she work of the resident #1. CNA PM at 19 the resident's condition and she work of the resident #1. CNA PM at 19 the the resident #1. CNA PM at 19 the the resident #1. CNA PM at 19 the the resident #1 the resident #1 the the resident for the order work of the resident #1	evealed there was no documented nary output. teed the 3:00 PM to 11:00 PM shift oximately 5:30 PM to 6:00 PM, Restered Nurse (RN) #1 was in the red was told by RN #1 to monitor but this to LPN #1 also, who was the #1 stated LPN #1 never did cheel Oo PM while doing an incontinent ne again reported this to LPN #1, at the time. CNA #1 stated she ha having any urinary output, but she was in Resident #1 at ewith supper. RN #1 stated she ha having any urinary output, but she she told CNA #1 to just monitor not assess the resident, but when so let to arouse Resident #1 at supper revealed at 10:00 PM on 08/28/16 and she for deterioration. He/she die review of the History and Physent's diabetes was uncontrolled. Resident #1 was was hospitalized at the Nursing Facility unresponduring the catheter change, the res Resident #1 had to be suctioned to 2:25 PM, revealed she was the Chae stated she obtained accu-check he obtained accu-check results of a cotten of the stated she did not asses N #1 stated that in hindsight maylisheck results, but she felt the resign the company of the provide and the time of th	evidence licensed staff ton 08/28/16 and had esident #1 could not be com feeding Resident #1's Resident #1. CNA #1 stated the Charge Nurse for the ken the resident at the to check on Resident #1, the who again said to dinformed LPN #1 e was unsure if LPN #1 e was unsure if LPN #1 's room on 08/28/16 at recalled CNA #1 coming in the resident and let the she finished feeding r time 6, Resident #1 had a enheit and was sent to the he) came in sick 1 come in a very ical, revealed this for [REDACTED]. Further sive, the indwelling ident had Frank Pus to remove the material arge Nurse on Resident #1's s for Resident #1 of four-hundred eighty-six s the resident further be she should have lent's blood sugars sking that would bring the rs [REDACTED]. LPN #1 00 PM, two (2) hours the of obtaining dent felt warm. At this 1 been running a fever evated temperature she did not assess ther Resident #1 was 10 PM shift on 08/28/16. tes off hand. do and transported Resident about Resident #1 in and increased and 90 (8/27/16. She also the rindwelling urinary dent #1 had a much stated Resident #1 had dident was in such bad In [DATE] with a chief rector stated Resident coming from the teck of six-hundred the felt Resident #1 lid ved by the facility as dical Director. He the condition changes the ether the sident #1 did ved by the facility as dical Director. He the condition changes the ether the sident #1 did ved by the facility as dical Director. He the condition changes the ether the sident #1 did ved by the facility as dical Director. He the condition changes the ether than the provided to follow facility.
	The facility utilized their urinary facility also implemented licensed care or licensed staff will provide 4. On 09/10/16, the DON reviewed (30) of seventy-two (72) residents	tract infection - infection control r I staff either will visually assess e catheter care. I all medical change in condition	reporting form to assess these resi ach resident's catheter care to vali assessments for the last thirty (30	dents. The date catheter) days and found thirty
	change in condition assessments i which included the timely notificated. S. On 09/11/16, the DON and RN seventy-two (72) of seventy-two (temperatures during that period of reviewed the Medication Adminis	n the medical record to validate thation of the physician and the upd. Nurse Practice Educator reviewed 72) residents from 09/01/16 through time of 101 degrees Fahrenheit of the properties of	ne completion of the assessments ating and implementation of the c d all resident temperatures in the v 1gh 09/10/16 to identify if any res or greater. The DON and RN Nurs	by the licensed staff, are plan. vital signs portal for ident had elevated se Practice Educator then

Facility ID: 185312

			AVAN DA FEE GAMBATEAN		
STATEMENT OF DEFICIENCIES	(X1) PROVIDER / SUPPLIER / CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION	IDENNTIFICATION NUMBER	B. WING	09/21/2016		
NAME OF PROVIDED OF SHI	185312	CTREET ADDRESS CITY STA	TE ZID		
NAME OF PROVIDER OF SUI BARKLEY CENTER	TELLER	STREET ADDRESS, CITY, STA 4747 ALBEN BARKLEY DRIV			
DIRRIEDI CENTER		PADUCAH, KY 42001			
	home's plan to correct this deficiency, please contact the nursing home or the state survey agency.				
(X4) ID PREFIX TAG	OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY MATION)	FULL REGULATORY		
F 0309	(continued from page 12)				
Level of harm - Immediate jeopardy	temperatures. The DON and RN Nurse Practice Educator also reviewed the residents' medical records to ensure a medical change in condition was initiated by the licensed staff on duty at the time and to ensure the physician and responsible party were notified timely of the change in condition. The DON and RN Nurse Practice Educator further reviewed the				
Residents Affected - Few	6. On 09/11/16, the DON and RN	care plans were updated to reflect the medical change in conditions Nurse Practice Educator reviewed the MARs and Treatment Admin			
	residents (who had physician's orders [REDACTED]. 7. On 09/12/16, the RN Clinical Reimbursement Coordinator and RN MDS Coordinator reviewed the care plans of all seven (residents who had indwelling urinary catheters and all sixteen (16) residents who had Physicians' Orders to receive accu-checks to ensure these residents' care plans were up to date and current.				
	8. On 08/31/16 through 09/13/16,	the facility initiated re-education to all RNs and LPNs. The re-educesident condition changes; the timely reviewing/revising and implet			
	providing necessary care and serv catheters/care of catheters; utilizing	esticin condition changes, the timery reviewing revising and impleitices to all residents; providing appropriate monitoring/assessment of the facility's Stop and Watch Early Warning Tool and complete, nation to identify the resident. The facility utilized competency/post	of indwelling urinary accurate clinical		
	education was provided and prese				
	Stop and Watch Early Warning T	ool and how licensed staff and CNAs should utilize this tool and ho te facility utilized posttests after the re-education was given.			
	10. Beginning on 09/13/16, the D0	ON, Nurse Practice Educator, RN Clinical Reimbursement Coordinate			
	transfer/discharges out of the faci	will continue to review all medical changes in condition assessment lity to visually validate physician and responsible party notification	by a licensed		
	will be completed daily over a per	has been done in the medical record; and, care plans have been revised of fourteen (14) days for a minimum of three (3) audits per shift	ft over the fourteen		
		en three (3) times a week for two (2) weeks then twice a week for eighter and the conference of concern will be corrected upon discovery.	ght (8) weeks then		
	11. Beginning on 09/13/16, the DO	ON, Nurse Practice Educator, RN Clinical Reimbursement Coording continue to review the MAR and TAR and the medical record, for re-			
	physician's orders [REDACTED]	.(3) audits per shift over the fourteen (14) days including weekends the a week for eight (8) week, then weekly times twelve (12) weeks a	, then three (3) times a		
	be corrected upon discovery.	ON, Nurse Practice Educator, RN Clinical Reimbursement Coordin			
	RN or LPN did observe and will of	continue to observe for signs and symptoms of UTI related to indwe	elling urinary catheter use		
	includes RNs and or LPNs, will p	is current and implemented related to catheter care. A licensed nur erform and or observe indwelling catheter care daily with documen	tation on the TAR. This		
	(14) days including weekends, the	riod of fourteen (14) days for a minimum of three (3) audits per shiften three (3) times a week for two (2) weeks then twice a week for each of the control			
	13. Beginning on 09/13/16, the D0	and areas of concern will be corrected upon discovery. ON, Nurse Practice Educator, RN Clinical Reimbursement Coordinates.			
		ontinue to interview at least two (2) licensed nurses including RNs minimum of three (3) audits per shift over the fourteen (14) days in			
	then three (3) times a week for tw	o (2) weeks then twice a week for eight (8) weeks then weekly time umentation in the medical record, knowledge of the identification a	es twelve (12) weeks to		
	change in condition, the document concern will be corrected upon di	tation requirements for a change of condition including physician n	otification. Areas of		
	14. Beginning on 09/13/16, the Ac	Iministrator and DON conducted and will continue to conduct round			
	to include at least two (2) rounds	 Rounds were and will be conducted and documented at least once of each shift over the first eight (8) weeks and then monthly for fou 	r (4) months.		
	The Regional Vice President of	ding Guide will be brought to the Quality Improvement Committee f Operations or the Regional Manager of Clinical Operations will re	eview the QAPI Leadership		
	conducted based on recommendate	mprovement Committee minutes for at least three (3) months. Additions from the Quality Improvement Committee.	tional audits will be		
		ated the corrective action taken by the facility as follows: ace Improvement Plan for LPN #1, dated 09/07/16, revealed LPN #	1 was terminated from		
		to negligence in performance of job duties and failed to notify the			
	2. Interview with the Regional Vic	the President of Operation on 09/21/16 at 2:05 PM, revealed she did on 09/08/16, to the Administrator and DON which included: Inform.			
	including: Five Elements of QAP	I, Guide for Developing a QAPI Plan and QAPI Leadership Roundi	ing Guide. The Regional Vice		
	administration, Center Executive	led additional re-education which included: Regulation details rega (Administrator) job description and Center Nurse Executive (DON)) job description.		
	Regional Vice President of Opera	DON on 09/20/16 at 11:20 AM, revealed they did receive re-education on 09/08/16 regarding CMS resources including: Five Element	ts of QAPI, Guide for		
	provided additional re-education,	PI Leadership Rounding Guide. They stated the Regional Vice Pres which included: Regulation details regarding F-490 related to admi			
	Executive (Administrator) job des	scription and Center Nurse Executive (DON) job description.	Reporting Forms which		
	were completed between 09/09/10	5 through 09/10/16 on all seven (7) residents who utilized indwellin with RN #2 on 09/21/16 at 8:05 AM and RN #3 on 09/21/16 at 2:50	g urinary catheters with		
	been educated in regards to cathe	ter care. They stated that licensed staff must observe catheter care of staff would have to perform the catheter care.			
	4. On 09/20/16, the SSA reviewed	the facility's completed audit, dated 09/10/16 of the DON's review	of all residents'		
	5. On 09/20/16, the SSA reviewed	sments for the last thirty (30) days with no concerns identified. the facility's completed audit of the DON and RN Nurse Practice E			
	09/10/16; review of the MARS; re	signs portal for seventy-two (72) of seventy-two (72) residents from eview of the residents' medical records; and, review of the residents			
	concerns identified. 6. On 09/20/16, the SSA reviewed	the facility's completed audit of the DON and RN Nurse Practice E	Educator's review of all		
		m 09/01/16 through 09/10/16 and review of physician notifications y accu-check results greater than 400 mg/dl with no concerns ident			
	7. On 09/20/16, the SSA reviewed	the facility's completed 09/12/16 audit conducted by the RN, Clini linator of the residents' care plans for residents who utilized indwell	cal Reimbursement		
	for residents who had orders to re	ceive accu-checks. No concerns were identified. the facility's sign in sheets, dated 08/31/16 through 09/13/16, and of	•		
	competency/post tests for all licer	ised staff related to the education the facility provided to all license	d staff		
	care/assessment/observation of, c	timely reviewing/revising care plans, indwelling urinary catheter omplete/accurate clinical records, necessary care and services proving the control of the			
	at 2:21 PM, LPN #5 at 2:33 PM a	y Warning Tool. Interviews on 09/20/16 with LPN #3 at 1:55 PM, Ind RN #4 at 2:50 PM, revealed they all had the facility's re-education	on training on physician		
	complete/accurate clinical records	ising care plans, indwelling urinary catheter care/assessment/observes, necessary care and services provided to residents and the facility!	s Stop and Watch		
	Early Warning Tool. They all also	o confirmed they had to take posttests over the re-education training the facility's sign in sheets, dated 09/01/16 through 09/13/16 and c	the facility provided		
		the facility provided to all CNAs regarding: the facility's Stop and			

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

Facility ID: 185312

CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF (X1) PROVIDER / SUPPLIER (X2) MULTIPLE CONSTRUCTION COMPLETED DEFICIENCIES AND PLAN OF CORRECTION CLIA
IDENNTIFICATION
NUMBER À. BUILDING B. WING ____ 09/21/2016 185312 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001 BARKLEY CENTER For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (X4) ID PREFIX TAG F 0309 (Contained:... In In page 132) and CNAs should utilize this tool and how to identify symptoms of infection in geriatric residents. Interviews on 09/20/16 with CNA #5 at 12:40 PM, CNA #6 at 12:48 PM, CNA #7 at 1:12 PM, CNA #8 at 1:23 PM and Level of harm - Immediate jeopardy CNA
#9 at 1:38 PM, revealed they all had the facility re-education training on the Stop and Watch Early Warning Tool and how licensed staff and CNAs should utilize this tool and how to identify symptoms of infection in geriatric residents. They all also confirmed they had to take posttests over the re-education training the facility provided.

10. On 09/20/16, the SSA reviewed the current and ongoing audits completed daily from 09/13/16-09/19/16, and determined the facility reviewed all medical changes in condition assessments and transfer/discharges out of the facility and the visual validation of physician and responsible party notification by a licensed nurse on duty and the documentation in the medical record along with the review of care plans to ensure they have been revised as needed. No concerns were identified.

11. On 09/20/16, the SSA reviewed the current and ongoing audits dated 09/13/16-09/19/16 and determined the facility reviewed the MAR and TAR and the medical record for residents who had physician's orders [REDACTED]. The facility visually validated that physician notifications were documented in the medical record by a licensed nurse on duty for accu-check Residents Affected - Few validated that physician notifications were documented in the medical record by a licensed nurse on duty for accu-check readings less than 70 mg/dl and or greater than 400 mg/dl and the visually validated to ensure the care plan was current and implemented. No concerns were identified. and implemented. No concerns were identified.

12. On 09/20/16, the SSA reviewed the current and ongoing audit, dated 09/13/16 through 09/19/16, and determined the facility observed for signs and symptoms of UTI related to indwelling urinary catheter use and visually validated if the care plan was current and implemented related to catheter care. No concerns were identified.

13. On 09/20/16, the SSA reviewed the current and ongoing audits, dated 09/13/16-09/19/16, and determined the facility interviewed at least two (2) licensed nurses including RNs or LPNs daily for a minimum of three (3) audits per shift. The interviewed through the personal translation of the identification of the identification of the identification. interviews validated knowledge of proper documentation in the medical record, knowledge of the identif F 0315 Make sure that each resident who enters the nursing home without a catheter is not given a catheter, and receive proper services to prevent urinary tract infections and restonormal bladder function. Level of harm - Immediate **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** jeopardy Based on interview, record review, review of hospital reports, and facility policy review, it was determined the facility's system for ensuring appropriate treatment and services to identify complications of an indwelling urinary catheter was ineffective for one (1) of four (4) sampled residents (Resident #1). Residents Affected - Few Resident #1 was identified as having 100-milliliter (ml) urinary output on the 3:00 PM-11:00 PM shift, and no urinary output on the 11:00 PM-7:00 AM shift on 08/27/16; and no urinary output on the 3:00 PM-11:00 PM shift on 08/28/16. However, there was no documented evidence licensed staff assessed the resident to determine the reason for the lack of output. On 08/28/16 at 10:00 PM, Licensed Practical Nurse (LPN) #1 found Resident #1 unresponsive with an elevated temperature of 105.4 degrees at 10:00 PM, Licensed Practical Nurse (LPN) #1 found Resident #1 unresponsive with an elevated temperature of 10:3-4 degree Fahrenheit (F) and an elevated accu-check with results of HI (above 600 milligrams/deciliter (mg/dl), normal range is 70-100 mg/dl. Resident #1 was sent to the emergency room (ER) and was identified as having green drainage all over the perineal area and catheter, a distended bladder and the catheter was occluded. Resident #1 was diagnosed with [REDACTED]. The facility's failure to provide appropriate treatment and services to identify complications of an indwelling urinary catheter has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 09/08/16 and determined to exist on 08/27/16. The facility was notified of the Immediate Jeopardy on 09/08/16. An acceptable Allegation of Compliance (AoC) was received on 09/02/16, and the State Survey Agency validated the Immediate Jeopardy was removed on 09/14/16, 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 facility's policy titled, Catheter: Indwelling Urinary - Care of, last revised 01/02/14, revealed that any abnormal findings should be reported to the nurse or physician/mid-level provider. Documentation should include any abnormal findings and physician/mid-level provider notification, if indicated.

Record review, revealed Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly Minimum Data Set (MDS) assessment, dated 08/16/16, revealed the facility assessed Resident #1's cognition as intent with a Brief Intention for Martal Status (BIMS) score of fifteen (15) which indicated this resident was intact with a Brief Interview for Mental Status (BIMS) score of fifteen (15) which indicated this resident was interviewable. Review of the Comprehensive Care Plan for the indwelling catheter, dated 03/16/16, revealed interventions for nursing to monitor for signs and symptoms of infection and report to physician; and monitor output for odor, color, consistency and Review of the August 2016 Intake and Output document revealed Resident #1 had an indwelling catheter and had 100 milliliter (ml) output on 08/27/16 on the 3:00 PM - 11:00 PM shift; and no output on the 11:00 PM - 7:00 AM shift on 08/27/16 and on the 3:00 PM-11:00 PM shift on 08/28/16. the 3:00 PM-11:00 PM shift on 08/28/16. Review of Resident #1's August 2016 Nurses Notes, from 08/27/16 through 08/28/16 revealed there was no documented evidence LPN #1 assessed Resident #1's indwelling urinary catheter related to the decreased output. Review of Nursing Note, dated 08/29/16 at 2:00 AM, revealed at 10:00 PM Resident #1's accu-check read HI with scheduled insulin given, resident felt warm to touch with a temperature of 105.4 degrees F with Tylenol 650 mg given per [DEVICE]. Further review revealed the resident moaned when asked if he/she was hurting. Resident #1's spouse was called about the resident's condition and it was agreed to send the resident to ER (emergency room). Review of the Hospital History and Physical, dated 08/29/16, revealed Resident #1 presented at the ER in a critically ill state and in a very concerning shape. The Emergency Department notified Social Services. Review of Hospital Discharge Summary, dated 09/01/16, revealed Resident #1 had been discharged from this hospital approximately two (2) weeks ago for treatment of [REDACTED]. Further review of this Discharge Summary, revealed Resident #1 was hospitalized from [DATE]- 09/01/16 with [DIAGNOSES REDACTED]. This Discharge Summary stated Resident #1 was found at at the Nursing Facility unresponsive, the indwelling urinary catheter was blocked and had to be changed at the ER and during the catheter change resident had Frank Pus noted.

Review of pictures taken at the hospital on [DATE] at 11:40 PM, revealed Resident #1's indwelling urinary catheter tubing had a crust-like material coated over the catheter. Further review of the pictures, revealed purulent (thick drainage) drainage present at the catheter insertion site and thick sediment and a purulent drainage in the catheter drainage tubing. Interview with Certified Nurse Aide (CNA) #2 on 09/07/16 at 10:17 AM, revealed she was the CNA responsible for Resident #1's care on 08/27/16 during the 11:00 PM to 7:00 AM shift. She also stated she recalled Resident #1 had virtually no output from his/her indwelling urinary catheter. CNA #2 stated LPN #1 was aware because she had reported this to LPN #1. She further stated she did not recall any drainage from Resident #1's catheter insertion site or in the catheter tubing or drainage bag when providing catheter care during her shift.

Interview with CNA #1, on 09/02/16 at 3:35 PM, revealed she worked the 3:00 PM to 11:00 PM shift on 08/28/16 and provided care for Resident #1. She stated she had informed LPN #1 during the 3:00 PM - 11:00 PM shift on 08/28/16 of Resident #1 not having any urinary output, but she was unsure if LPN #1 assessed the resident. CNA #1 stated she did not recall Resident #1 having any kind of drainage from the urinary catheter insertion site or recall any purulent drainage in Resident #1's catheter tubing or drainage bag when providing incontinent care for the resident or during catheter care during her shift.

Interview with Licensed Practical Nurse (LPN) #1, on 09/05/16 at 5:25 PM, revealed she was the Charge Nurse on Resident #1's unit on the 7:00 PM to 7:00 AM shift for 08/27/16 and for 08/28/16. She stated she was unaware of any type of drainage coming from Resident #1's catheter insertion site or of any drainage noted in the catheter drainage tubing

LPN #1 stated the CNAs were responsible for providing catheter care and reporting to the nurse if there were any adverse findings. She stated the CNAs were supposed to let the nurse know if there was decreased output.

Interview with LPN #4 on 09/06/16 at 11:41 AM, revealed he was the nurse in charge of Resident #1's unit on 08/28/16 from 7:00 AM - 3:00 PM. He stated he was not informed by any staff member during that time of Resident #1 having any purulent drainage coming from the catheter insertion site nor was he informed of any purulent drainage noted in Resident #1's catheter drainage tubing or drainage bag. He stated the CNAs do the catheter care and let the nurse know when it was

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER / SUPPLIER / CLIA	(X2) MULTIPLE CONSTRUCT A. BUILDING	ΓΙΟΝ	(X3) DATE SURVEY COMPLETED
AND PLAN OF	IDENNTIFICATION	B. WING		09/21/2016
CORRECTION	NUMBER			
NAME OF PROVIDER OF SU	185312 PPLIER		STREET ADDRESS, CITY, STA	L ATE, ZIP
BARKLEY CENTER			4747 ALBEN BARKLEY DRIV PADUCAH, KY 42001	
For information on the nursing l	nome's plan to correct this deficience	cy, please contact the nursing hor	ne or the state survey agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DOR LSC IDENTIFYING INFORM		ENCY MUST BE PRECEDED BY	Y FULL REGULATORY
F 0315			e initialed. He stated the CNAs re	cord the output and should
Level of harm - Immediate jeopardy	inform the nurse if there was a de Interview with Paramedic #1, on 0	9/08/16 at 9:26 AM, revealed sh		
Residents Affected - Few			pertinent information about Resident had a high fever and increased a	
	cream and powder all over his/her on the catheter. She stated Reside	r indwelling urinary catheter with	assessing Resident #1 it was noted a green drainage noted all over the nen and only about 10 milliliters o	perineal area and also
		er and an occluded indwelling uri	nary catheter with green purulent of	drainage coming out of
		ed upon Resident #1's arrival to t	e ER and when the catheter was re the ER, [MEDICAL CONDITION	
	Interview with the Director of Nur catheter care was done. She stated	rsing (DON), on 09/21/16 at 2:26 I licensed staff were supposed to	observe the catheter care being do	ne or provide it
		ir shift to determine if there was a	licensed nurses were responsible a change and a possible need to no mediate Jeonardy:	
	1. The facility terminated LPN #1 2. On 09/08/16, the Regional Vice	on 09/07/16. President of Operation provided	re-education, via phone, to the Ac	
	(QAPI), Guide for Developing a	QAPI Plan and QAPI Leadership	Elements of Quality Assurance Pe Rounding Guide. The Regional V ils regarding F-490 related to admi	ice President of Operation also
	Executive (Administrator) job des 3. On 09/09/16 through 09/10/16,	scription, and Center Nurse Execute facility assessed all seven (7)	utive (DON) job description. residents who utilized an indwelli	ng urinary catheter.
		d staff either will visually assess of	reporting form to assess these resi each resident's catheter care to vali	
	4. On 09/10/16, the DON reviewed (30) of seventy-two (72) residents	d all medical change in condition s had medical change in condition	assessments. The DON reviewed	and read the medical
		ation of the physician and the upo	the completion of the assessments alating and implementation of the cd all resident temperatures in the v	are plan.
	seventy-two (72) of seventy-two (temperatures during that period of	(72) residents from 09/01/16 thro f time of 101 degrees Fahrenheit	ugh 09/10/16 to identify if any res or greater. The DON and RN Nurs	ident had elevated se Practice Educator then
	temperatures. The DON and RN I	Nurse Practice Educator also revi	re medication was provided as ordewed the residents' medical record to time and to ensure the physician	ls to ensure a medical
	party were notified timely of the cresidents' care plans to ensure the	change in condition. The DON an care plans were updated to reflect	nd RN Nurse Practice Educator fur et the medical change in conditions	ther reviewed the s.
	6. On 09/11/16, the DON and RN residents (who had physician's or 7. On 09/12/16, the RN Clinical R	ders [REDACTED].		
	residents who had indwelling urin accu-checks to ensure these reside	nary catheters and all sixteen (16) ents' care plans were up to date a	residents who had Physicians' Orond current.	ders to receive
	8. On 08/31/16 through 09/13/16, physician notification related to reproviding necessary care and serv	esident condition changes; the tin	to all KNs and LPNs. The re-educ nely reviewing/revising and impler propriate monitoring/assessment of	menting of care plans;
	catheters/care of catheters; utilizing records including sufficient information of the catheters of the cath	ng the facility's Stop and Watch E mation to identify the resident. The	Early Warning Tool and complete/see facility utilized competency/pos	accurate clinical
	education was provided and prese 9. On 09/01/16 through 09/13/16, Stop and Watch Early Warning T	the facility initiated re-education	to all CNAs. The re-education inc NAs should utilize this tool and ho	
	infection in geriatric residents. Th 10. Beginning on 09/13/16, the DO	ON, Nurse Practice Educator, RN	Clinical Reimbursement Coordin	
	transfer/discharges out of the faci	lity to visually validate physician	cal changes in condition assessme and responsible party notification cord; and, care plans have been re-	by a licensed
	will be completed daily over a per (14) days including weekends, the weekly times twelve (12) weeks.	en three (3) times a week for two	(2) weeks then twice a week for e	ft over the fourteen ight (8) weeks then
	11. Beginning on 09/13/16, the DO	ON, Nurse Practice Educator, RN		
			teen (14) days including weekends in weekly times twelve (12) weeks	
	12. Beginning on 09/13/16, the DORN or LPN did observe and will of	continue to observe for signs and	symptoms of UTI related to indwe	elling urinary catheter use
	includes RNs and or LPNs, will p	erform and or observe indwelling	ted to catheter care. A licensed nur g catheter care daily with document sinimum of three (3) audits per shi	tation on the TAR. This
	(14) days including weekends, the weekly times twelve (12) weeks a	en three (3) times a week for two and areas of concern will be corre	(2) weeks then twice a week for exted upon discovery.	ight (8) weeks then
		ontinue to interview at least two	Clinical Reimbursement Coordin (2) licensed nurses including RNs shift over the fourteen (14) days in	or LPNs daily over a
	then three (3) times a week for tw validate knowledge of proper doc	o (2) weeks then twice a week for umentation in the medical record	or eight (8) weeks then weekly time , knowledge of the identification a	es twelve (12) weeks to and assessment of a
	change in condition, the documen concern will be corrected upon di 14. Beginning on 09/13/16, the Ac	scovery.	of condition including physician rand will continue to conduct roun	
	Leadership Rounding Guide/Forn to include at least two (2) rounds	 Rounds were and will be conducted of each shift over the first eight (ucted and documented at least once 8) weeks and then monthly for fou	e weekly for eight (8) weeks or (4) months.
	15. The Regional Vice President of	of Operations or the Regional Man	e Quality Improvement Committee nager of Clinical Operations will r for at least three (3) months. Addi	eview the QAPI Leadership
	conducted based on recommendat **The State Survey Agency validation	tions from the Quality Improvemented the corrective action taken by	ent Committee. y the facility as follows:	
	 Review of Individual Performar employment from the facility due resident's change in condition. 		1, dated 09/07/16, revealed LPN # job duties and failed to notify the	
	2. Interview with the Regional Vic	ce President of Operation on 09/2	1/16 at 2:05 PM, revealed she did	provide

Facility ID: 185312

STATEMENT OF	(X1) PROVIDER / SUPPLIER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
DEFICIENCIES AND PLAN OF CORRECTION	/ CLIA IDENNTIFICATION NUMBER	A. BUILDING B. WING	09/21/2016		
	185312				
NAME OF PROVIDER OF SU	PPLIER	STREET ADDRESS, CITY, ST.			
BARKLEY CENTER	NTER 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001				
	g home's plan to correct this deficiency, please contact the nursing home or the state survey agency.				
(X4) ID PREFIX TAG	OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED B MATION)	Y FULL REGULATORY		
F 0315	(continued from page 15)				
Level of harm - Immediate jeopardy	re-education/training, via phone on 09/08/16, to the Administrator and DON which included: Information from CMS resources including: Five Elements of QAPI, Guide for Developing a QAPI Plan and QAPI Leadership Rounding Guide. The Regional Vice President of Operation also provided additional re-education which included: Regulation details regarding F-490 related to administration, Center Executive (Administrator) job description and Center Nurse Executive (DON) job description.				
Residents Affected - Few	administration, Center Laceturice (Administrator) for description and Center Nuise Executive (DAN) journescription. Interview with Administrator and DON on 09/20/16 at 11:20 AM, revealed they did receive re-education/training from the Regional Vice President of Operation on 09/08/16 regarding CMS resources including: Five Elements of QAPI, Guide for Developing a QAPI Plan and QAPI Leadership Rounding Guide. They stated the Regional Vice President of Operation a provided additional re-education, which included: Regulation details regarding F-490 related to administration, Center				
	Executive (Administrator) job description and Center Nurse Executive (DON) job description. 3. On 09/20/16, the SSA reviewed the facility's completed Urinary Tract Infection-Infection Control Reporting Forms which were completed between 09/09/16 through 09/10/16 on all seven (7) residents who utilized indwelling urinary catheters with				
	no concerns identified. Interview with RN #2 on 09/21/16 at 8:05 AM and RN #3 on 09/21/16 at 2:50 PM, revealed the been educated in regards to catheter care. They stated that licensed staff must observe catheter care or if licensed staff was unable to observe it, licensed staff would have to perform the catheter care.				
	medical change in condition asses	the facility's completed audit, dated 09/10/16 of the DON's reviews sments for the last thirty (30) days with no concerns identified.			
	resident temperatures in the vital	the facility's completed audit of the DON and RN Nurse Practice signs portal for seventy-two (72) of seventy-two (72) residents frozeview of the residents' medical records; and, review of the resident	n 09/01/16 through		
	6. On 09/20/16, the SSA reviewed resident's accu-check readings from results of less than 70 mg/dl or ar	the facility's completed audit of the DON and RN Nurse Practice on 09/01/16 through 09/10/16 and review of physician notification by accu-check results greater than 400 mg/dl with no concerns iden	s for any accu-check tified.		
	Coordinator, and RN MDS Coord for residents who had orders to re	the facility's completed 09/12/16 audit conducted by the RN, Clin linator of the residents' care plans for residents who utilized indwel ceive accu-checks. No concerns were identified. the facility's sign in sheets, dated 08/31/16 through 09/13/16, and	ling urinary catheter and		
	competency/post tests for all licer regarding: physician notification, care/assessment/observation of, c	8. On 09/20/16, the SSA reviewed the facility's sign in sheets, dated 08/31/16 through 09/13/16, and completed competency/post tests for all licensed staff related to the education the facility provided to all licensed staff regarding: physician notification, timely reviewing/revising care plans, indwelling urinary catheter care/assessment/observation of, complete/accurate clinical records, necessary care and services provided to residents and			
	the facility's Stop and Watch Early Warning Tool. Interviews on 09/20/16 with LPN #3 at 1:55 PM, LPN #4 at 2:07 PM, RN #3 at 2:21 PM, LPN #5 at 2:33 PM and RN #4 at 2:50 PM, revealed they all had the facility's re-education training on physician notification, timely reviewing/revising care plans, indwelling urinary catheter care/assessment/observation of,				
	complete/accurate clinical records, necessary care and services provided to residents and the facility's Stop and Watch Early Warning Tool. They all also confirmed they had to take posttests over the re-education training the facility provided 9. On 09/20/16, the SSA reviewed the facility's sign in sheets, dated 09/01/16 through 09/13/16 and completed post tests for all CNAs related to the education the facility provided to all CNAs regarding; the facility's Stop and Watch Early Warning				
	Tool and how licensed staff and CNAs should utilize this tool and how to identify symptoms of infection in geriatric residents. Interviews on 09/20/16 with CNA #5 at 12:40 PM, CNA #6 at 12:48 PM, CNA #7 at 1:12 PM, CNA #8 at 1:23 PM and CNA #9 at 1:38 PM, revealed they all had the facility re-education training on the Stop and Watch Early Warning Tool and how				
	licensed staff and CNAs should utilize this tool and how to identify symptoms of infection in geriatric residents. They all also confirmed they had to take posttests over the re-education training the facility provided. 10. On 09/20/16, the SSA reviewed the current and ongoing audits completed daily from 09/13/16-09/19/16, and determined the				
	facility reviewed all medical changes in condition assessments and transfer/discharges out of the facility and the visual validation of physician and responsible party notification by a licensed nurse on duty and the documentation in the medical record along with the review of care plans to ensure they have been revised as needed. No concerns were identified. 11. On 09/20/16, the SSA reviewed the current and ongoing audits dated 09/13/16 -09/19/16 and determined the facility reviewed the MAR and TAR and the medical record for residents who had physician's orders [REDACTED]. The facility visually				
	readings less than 70 mg/dl and o and implemented. No concerns w		re plan was current		
	facility observed for signs and sy- care plan was current and implem	d the current and ongoing audit, dated 09/13/16 through 09/19/16, mptoms of UTI related to indwelling urinary catheter use and visus ented related to catheter care. No concerns were identified. d the current and ongoing audits, dated 09/13/16-09/19/16, and det	illy validated if the		
	interviews validated knowledge of assessment of a change in conditi	ted nurses including RNs or LPNs daily for a minimum of three (3) of proper documentation in the medical record, knowledge of the id on, and the documentation requirements for a change of condition	entification and		
	conducted rounds and utilized the	entified. 'd the current and ongoing audits, dated 09/13/16, and determined to QAPI Leadership Rounding Guide/Form. No concerns were ident ice President of Operation on 09/21/16 at 2:05 PM, revealed she w	ified.		
	Leadership Rounding Form and t	he Quality Improvement Committee minutes for at least three (3) numerical mendations from the Quality Improvement Committee.			
F 0490		e way that maintains the well-being of each resident . 'S HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY*	k		
Level of harm - Immediate jeopardy	Based on interview, record review facility failed to be administered	, and review of the facility's Administrator's Job Description, it wa in a manner that enabled it to use its resources effectively and effic e physical, mental and psychosocial well-being for one (1) of four	s determined the iently to attain		
Residents Affected - Few	care plan, ongoing assessments w	facility had past deficient practice related to revising the care plan, ith change in condition and care of a resident with catheters (F280	, F282, F309, and F315).		
	implemented	hospitalized from [DATE] through 08/09/16 with [DIAGNOSES I d to ensure ongoing assessments were conducted to identify signs a			
	and efficiently to attain and main following facility policies and en	facility was administered in a manner that enabled it to use its reso tain the highest practicable physical, mental and psychosocial well- suring staff notified the physician with resident condition changes a	being related to and provided the		
	to a resident. Immediate Jeopardy The findings include:	mely manner has caused or is likely to cause serious injury, harm, was identified on 09/08/16 and determined to exist on 08/27/16. Stion for the Center's Executive Director (Administrator), dated 01/			
	Administrator is to create an envi level of clinical care and [MEDIC full compliance with Federal and performance in each of the compa departments of the Center subject	ronment where staff members are highly engaged and are focused. CATION NAME] to residents and families; is responsible for assur State regulations while doing the right things, which will result in uny's focus areas; is responsible for planning and is accountable for to rules and regulations promulgated by government agencies to e ers, directs and coordinates all activities of the Center to assure the	on providing the highest ing the Center operates in high levels of all activities and nsure proper health care		

Interview with the Administrator, on 09/08/16 at 8:30 AM, revealed the Administrator was expected to ensure her job description was followed and the expectations were for her to follow the job description to the best of her ability. She

If continuation sheet Page 16 of 25 FORM CMS-2567(02-99) Event ID: YL1O11 Facility ID: 185312

quality of care is consistently provided to the residents.

STATEMENT OF	(X1) PROVIDER / SUPPLIER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
DEFICIENCIES AND PLAN OF	/ CLIA IDENNTIFICATION	A. BUILDING B. WING	09/21/2016	
CORRECTION	NUMBER		09/21/2010	
	185312			
NAME OF PROVIDER OF SU	PPLIER	STREET ADDRESS,	CITY, STATE, ZIP	
BARKLEY CENTER		4747 ALBEN BARKI PADUCAH, KY 4200		
For information on the nursing	home's plan to correct this deficien	cy, please contact the nursing home or the state survey a		
(X4) ID PREFIX TAG		DEFICIENCIES (EACH DEFICIENCY MUST BE PREC	•	
(A4) ID TREFIX TAG	OR LSC IDENTIFYING INFORM		SEDED BY TOLE REGULATION I	
F 0490	(continued from page 16)			
Level of harm - Immediate	further stated, she expected staff t she expected all staff to follow the	to have provided the necessary care and services needed	to take care of Resident #1 and	
jeopardy	Further interview (Post Survey) w	ith the Administrator, on 10/06/16 at 8:25 AM revealed		
Residents Affected - Few		on the most recent POC from February 2016 (F155, F22 and completed the audits and tools related to the POC. The		
	aware of the facility's history, but	my immediate focus was on our most recent identified of		
	from February 2016. Post Survey interview with the Re	gional Vice President of Operations (RVPO), on 09/29/1	16 at 11:40 AM, revealed there was no	
		ing or in place related to the past repetitive deficient pra past deficient practice had been corrected by following t		
	continued random audits perform	ed by both the facility and the corporate team.	ne i ian of correction and with	
	**The facility implemented the fo 1. The facility terminated LPN #1	llowing actions to remove the Immediate Jeopardy:		
	2. On 09/08/16, the Regional Vice	President of Operation provided re-education, via phone		
		n CMS resources including: Five Elements of Quality As QAPI Plan and QAPI Leadership Rounding Guide. The l		
	provided additional re-education,	which included: Regulation details regarding F-490 rela	ted to administration, Center	
	3. On 09/09/16 through 09/10/16,	scription, and Center Nurse Executive (DON) job description facility assessed all seven (7) residents who utilized	an indwelling urinary catheter.	
		tract infection - infection control reporting form to assess 1 staff either will visually assess each resident's catheter		
	care or licensed staff will provide	catheter care.		
		d all medical change in condition assessments for the las s had medical change in condition assessments. The DO!		
	change in condition assessments i	n the medical record to validate the completion of the as	ssessments by the licensed staff,	
	5. On 09/11/16, the DON and RN	ation of the physician and the updating and implementati Nurse Practice Educator reviewed all resident temperatu	ares in the vital signs portal for	
	emperatures during that period of time of 101 degrees Fahrenheit or greater. The DON and RN Nurse Practice Educator then			
	reviewed the Medication Administration Records (MARs) to ensure medication was provided as ordered for elevated			
	emperatures. The DON and RN Nurse Practice Educator also reviewed the residents' medical records to ensure a medical hange in condition was initiated by the licensed staff on duty at the time and to ensure the physician and responsible			
		change in condition. The DON and RN Nurse Practice E care plans were updated to reflect the medical change in		
	6. On 09/11/16, the DON and RN	Nurse Practice Educator reviewed the MARs and Treatm		
		eimbursement Coordinator and RN MDS Coordinator re		
		nary catheters and all sixteen (16) residents who had Phy ents' care plans were up to date and current.	sicians' Orders to receive	
	8. On 08/31/16 through 09/13/16,	the facility initiated re-education to all RNs and LPNs. T esident condition changes; the timely reviewing/revising		
	providing necessary care and serv	rices to all residents; providing appropriate monitoring/as	ssessment of indwelling urinary	
		ng the facility's Stop and Watch Early Warning Tool and mation to identify the resident. The facility utilized comp		
	education was provided and prese	ented to the licensed staff.		
	Stop and Watch Early Warning T	the facility initiated re-education to all CNAs. The re-ed ool and how licensed staff and CNAs should utilize this	tool and how to identify symptoms of	
	infection in geriatric residents. The	ne facility utilized posttests after the re-education was giv ON, Nurse Practice Educator, RN Clinical Reimburseme	ven. ent Coordinator RN MDS Coordinator and	
	or Registered Nurse reviewed and	I will continue to review all medical changes in condition	n assessments and	
		lity to visually validate physician and responsible party in has been done in the medical record; and, care plans ha		
		riod of fourteen (14) days for a minimum of three (3) auden three (3) times a week for two (2) weeks then twice a		
	weekly times twelve (12) weeks.	Areas of concern will be corrected upon discovery.	5 , ,	
		ON, Nurse Practice Educator, RN Clinical Reimburseme continue to review the MAR and TAR and the medical re		
	physician's orders [REDACTED]	.(3) audits per shift over the fourteen (14) days including the a week for eight (8) week, then weekly times twelve (g weekends, then three (3) times a	
	be corrected upon discovery.			
		ON, Nurse Practice Educator, RN Clinical Reimburseme continue to observe for signs and symptoms of UTI related		
	and visually validate the care plar	is current and implemented related to catheter care. A l	icensed nurse on duty, which	
		erform and or observe indwelling catheter care daily wit riod of fourteen (14) days for a minimum of three (3) aud		
		en three (3) times a week for two (2) weeks then twice a and areas of concern will be corrected upon discovery.	week for eight (8) weeks then	
	13. Beginning on 09/13/16, the D0	ON, Nurse Practice Educator, RN Clinical Reimburseme		
		ontinue to interview at least two (2) licensed nurses incluminimum of three (3) audits per shift over the fourteen (
	then three (3) times a week for tw	o (2) weeks then twice a week for eight (8) weeks then v	weekly times twelve (12) weeks to	
	change in condition, the documen	umentation in the medical record, knowledge of the iden tation requirements for a change of condition including		
	concern will be corrected upon di	scovery. Iministrator and DON conducted and will continue to co	onduct rounds and utilize the OAPI	
	Leadership Rounding Guide/Form	n. Rounds were and will be conducted and documented a	at least once weekly for eight (8) weeks	
		of each shift over the first eight (8) weeks and then mon ading Guide will be brought to the Quality Improvement		
	15. The Regional Vice President of	of Operations or the Regional Manager of Clinical Opera mprovement Committee minutes for at least three (3) more	tions will review the QAPI Leadership	
	conducted based on recommendar	tions from the Quality Improvement Committee.		
		ated the corrective action taken by the facility as follows are Improvement Plan for LPN #1, dated 09/07/16, reveal		
	employment from the facility due	to negligence in performance of job duties and failed to		
		ce President of Operation on 09/21/16 at 2:05 PM, reveal		
		on 09/08/16, to the Administrator and DON which includ I, Guide for Developing a QAPI Plan and QAPI Leaders		
	President of Operation also provide	ded additional re-education which included: Regulation of	details regarding F-490 related to	
		(Administrator) job description and Center Nurse Execu DON on 09/20/16 at 11:20 AM, revealed they did received.		
	Regional Vice President of Opera	tion on 09/08/16 regarding CMS resources including: Fi PI Leadership Rounding Guide. They stated the Regiona	ive Elements of QAPI, Guide for	

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(X3) DATE SURVEY STATEMENT OF (X1) PROVIDER / SUPPLIER (X2) MULTIPLE CONSTRUCTION COMPLETED DEFICIENCIES AND PLAN OF CORRECTION CLIA
IDENNTIFICATION
NUMBER À. BUILDING B. WING ____ 09/21/2016 185312 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001 BARKLEY CENTER For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (X4) ID PREFIX TAG OR LSC IDENTIFYING INFORMATION (continued... from page 17) provided additional re-education, which included: Regulation details regarding F-490 related to administration, Center Executive (Administrator) job description and Center Nurse Executive (DON) job description.

3. On 09/20/16, the SSA reviewed the facility's completed Urinary Tract Infection-Infection Control Reporting Forms which were completed between 09/09/16 through 09/10/16 on all seven (7) residents who utilized indwelling urinary catheters with no concerns identified. Interview with RN #2 on 09/21/16 at 8:05 AM and RN #3 on 09/21/16 at 2:50 PM, revealed they had been educated in regards to catheter care. They stated that licensed staff must observe catheter care or if licensed staff was unable to observe it, licensed staff would have to perform the catheter care.

4. On 09/20/16, the SSA reviewed the facility's completed audit, dated 09/10/16 of the DON's review of all residents' medical change in condition assessments for the last thirty (30) days with no concerns identified.

5. On 09/20/16, the SSA reviewed the facility's completed audit of the DON and RN Nurse Practice Educator's review of all resident temperatures in the vital signs portal for seventy-two (72) of seventy-two (72) residents from 09/01/16 through 09/10/16; review of the MARS; review of the residents' medical records; and, review of the residents' care plans with no concerns identified. F 0490 Level of harm - Immediate jeopardy Residents Affected - Few | 109/10/16; review of the MARS; review of the residents' medical records; and, review of the residents' care plans with no concerns identified.
| 6. On 09/20/16, the SSA reviewed the facility's completed audit of the DON and RN Nurse Practice Educator's review of all resident's accu-check readings from 09/01/16 through 09/10/16 and review of physician notifications for any accu-check results of less than 70 mg/dl or any accu-check results greater than 400 mg/dl with no concerns identified.
| 7. On 09/20/16, the SSA reviewed the facility's completed 09/12/16 audit conducted by the RN, Clinical Reimbursement Coordinator, and RN MDS Coordinator of the residents' care plans for residents who utilized indwelling urinary catheter and for residents who had orders to receive accu-checks. No concerns were identified.
| 8. On 09/20/16, the SSA reviewed the facility's sign in sheets, dated 08/31/16 through 09/13/16, and completed competency/post tests for all licensed staff related to the education the facility provided to all licensed staff regarding: physician notification, timely reviewing/revising care plans, indwelling urinary catheter care/assessment/observation of, complete/accurate clinical records, necessary care and services provided to residents and the facility's Stop and Watch Early Warning Tool. Interviews on 09/20/16 with LPN #3 at 1:55 PM, LPN #4 at 2:07 PM, RN #3 at 2:21 PM, LPN #5 at 2:33 PM and RN #4 at 2:50 PM, revealed they all had the facility's re-education training on physician notification, timely reviewing/revising care plans, indwelling urinary catheter care/assessment/observation of, complete/accurate clinical records, necessary care and services provided to residents and the facility's Stop and Watch Early Warning Tool. They all also confirmed they had to take posttests over the re-education training the facility provided 9. On 09/20/16, the SSA reviewed the facility's sign in sheets, dated 09/01/16 through 09/13/16 and completed post tests for all CNAs related to the education the facility p concerns identified. H9 at 1:38 PM, revealed they all had the facility re-education training on the Stop and Watch Early Warning Tool and how licensed staff and CNAs should utilize this tool and how to identify symptoms of infection in geriatric residents. They all also confirmed they had to take posttests over the re-education training the facility provided.

10. On 09/20/16, the SSA reviewed the current and ongoing audits completed daily from 09/13/16-09/19/16, and determined the 10. On 09/20/16, the SSA reviewed the current and ongoing audits completed daily from 09/13/16-09/19/16, and determined the facility reviewed all medical changes in condition assessments and transfer/discharges out of the facility and the visual validation of physician and responsible party notification by a licensed nurse on duty and the documentation in the medical record along with the review of care plans to ensure they have been revised as needed. No concerns were identified.

11. On 09/20/16, the SSA reviewed the current and ongoing audits dated 09/13/16-09/19/16 and determined the facility reviewed the MAR and TAR and the medical record for residents who had physician's orders [REDACTED]. The facility visually validated that physician notifications were documented in the medical record by a licensed nurse on duty for accu-check readings less than 70 mg/dl and or greater than 400 mg/dl and the visually validated to ensure the care plan was current and implemented. No concerns were identified.

12. On 09/20/16, the SSA reviewed the current and ongoing audit, dated 09/13/16 through 09/19/16, and determined the facility observed for signs and symptoms of UTI related to indwelling urinary catheter use and visually validated if the care plan was current and implemented related to catheter care. No concerns were identified.

13. On 09/20/16, the SSA reviewed the current and ongoing audits, dated 09/13/16-09/19/16, and determined the facility interviewed at least two (2) licensed nurses including RNs or LPNs daily for a minimum of three (3) audits per shift. The interviews validated knowledge of proper documentation in the medical record, knowledge of the identification and assessment of a change in condition, and the documentation requirements for a change of condition including physician assessment of a change in condition, and the documentation requirements for a change of condition including physician notification. No concerns were identified. 14. On 09/20/16, the SSA reviewed the current and ongoing audits, dated 09/13/16, and determined the Administrator and DON conducted rounds and utilized the QAPI Leadership Rounding Guide/Form. No concerns were identified.

15. Interview with the Regional Vice President of Operation on 09/21/16 at 2:05 PM, revealed she will be reviewing the QAPI Leadership Rounding Form and the Quality Improvement Committee minutes for at least three (3) months and additional audits will be conducted based on recommendations from the Quality Improvement Committee. 1) Set up a group that is legally responsible for writing and setting up policies for leading and running the nursing home; or 2) hire a properly licensed administrator.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY F 0493 Level of harm - Immediate Based on interview and review of the facility's policies and procedures, it was determined the Governing Body failed to provide oversight to assure the facility was administered in an effective manner to ensure adequate basic care and services were to promote the health and safety of each resident. The Governing Body also failed to ensure the facility established Residents Affected - Few and implemented policies and procedures regarding the day-to-day management and operation of the facility; and, failed to ensure the facility sustained compliance as evidenced by repeated deficient practice. (Refer to F157, F280, F282, F309, F315, F514, and F520). The facility's failure to have a governing body in place to assure the facility was administered in a manner that promoted, protected and enhanced the health and safety of each resident, has caused or is likely to cause serious injury, harm, impairment, or death. Immediate Jeopardy was identified on 09/08/16 and determined to exist on 08/27/16. The facility was notified of the Immediate Jeopardy on 09/08/16. An acceptable Allegation of Compliance (AoC) was received on 09/20/16, alleging the Immediate Jeopardy was removed on 09/14/16. The State Survey Agency validated the Immediate Jeopardy was removed on 09/14/16, 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 is Quality Assurance (QA) monitors the effectiveness of the systemic changes.

Plan of Correction (PoC); and the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes. The findings include:

Review of the facility's policy Governing Body: Centers, revised 09/01/13, revealed the company has a governing body that consists of the Administrator, Director of Nursing (DON), Regional Vice President of Operations and the Division Manager of Clinical Operations. The policy further stated, the Governing Body was legally responsible for establishing and implementing policies regarding the management and operations of the Center.

Review of the 09/18/15 Abbreviated/Extended Survey and the 02/13/16 Abbreviated Survey revealed the facility was cited previously for F280, F282, F309, and F514 with Plans of Corrections put in place to correct the deficiencies. These deficient practices were cited at the Immediate Jeopardy level.

Interview with the Regional Vice President of Operations, on 09/21/16 at 2:05 PM, revealed she felt like the previous Administrator and Director of Nursing (DON) were not providing strong leadership at the facility or holding staff accountable to follow the facility's policies and procedures. She stated because both the previous Administrator and DON were not able to be strong leaders and hold staff accountable, a decision was made to terminate their employment. She stated the decision of terminating the previous management and bringing in new management in April 2016 was based on the overall determination that the previous administration struggled to run the building appropriately and ensure the building was administered properly. She stated the facility has gone through some adjustments with turnover in staff, but feels confident the new Administrator and new DON can provide the appropriate leadership and direction to get the facility back

Event ID: YL1O11 Facility ID: 185312 If continuation sheet Page 18 of 25

STATEMENT OF DEFICIENCIES	(X1) PROVIDER / SUPPLIER / CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING	COMPLETED		
AND PLAN OF	IDENNTIFICATION	B. WING	09/21/2016		
CORRECTION	NUMBER 185312				
NAME OF PROVIDER OF SUI	<u> </u>	STREET ADDRESS, CITY, ST	L ATE, ZIP		
BARKLEY CENTER		4747 ALBEN BARKLEY DRI			
T		PADUCAH, KY 42001			
	•	cy, please contact the nursing home or the state survey agency.	V EUL L DECLU ATODY		
(X4) ID PREFIX TAG	OR LSC IDENTIFYING INFORM	EFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED B' MATION)	I FULL REGULATOR I		
F 0493	(continued from page 18)				
Level of harm - Immediate	to the level they expect. Further interview (Post Survey) w	ith the Regional Vice President of Operations, on 09/29/16 at 11:40	AM, revealed there was		
jeopardy	no continued specific oversight or	ngoing or in place related to the past repetitive deficient practice the	e facility had been		
Residents Affected - Few	identified as having. She stated the facility and regional team felt the past deficient practice had been corrected by following the Plan of Corrections and with continued random audits performed by both the facility and the corporate team.				
		discontinued related to the repeated deficiencies. She also stated, i my concerns or problems in relation to repeat past deficient practic			
	have implemented a plan of action	n to resolve the issues identified and then there would have been oving Body failed to identify the facility's inability to sustain complia	versight implemented		
	**The facility implemented the fo	llowing actions to remove the Immediate Jeopardy:	nice in these areas.		
	1. The facility terminated LPN #1 2. On 09/08/16, the Regional Vice	on 09/07/16. President of Operation provided re-education, via phone, to the A	dministrator and DON		
	which included: Information from	CMS resources including: Five Elements of Quality Assurance Po QAPI Plan and QAPI Leadership Rounding Guide. The Regional V	erformance Improvement		
	provided additional re-education,	which included: Regulation details regarding F-490 related to adm			
		scription, and Center Nurse Executive (DON) job description. the facility assessed all seven (7) residents who utilized an indwell-	ing urinary catheter.		
	The facility utilized their urinary	rract infection - infection control reporting form to assess these resil staff either will visually assess each resident's catheter care to val	idents. The		
	care or licensed staff will provide	catheter care.			
		d all medical change in condition assessments for the last thirty (30 had medical change in condition assessments. The DON reviewed			
	change in condition assessments i	n the medical record to validate the completion of the assessments ation of the physician and the updating and implementation of the c	by the licensed staff,		
	5. On 09/11/16, the DON and RN	Nurse Practice Educator reviewed all resident temperatures in the	vital signs portal for		
		seventy-two (72) of seventy-two (72) residents from 09/01/16 through 09/10/16 to identify if any resident had elevated temperatures during that period of time of 101 degrees Fahrenheit or greater. The DON and RN Nurse Practice Educator then			
	reviewed the Medication Adminis	stration Records (MARs) to ensure medication was provided as ord Nurse Practice Educator also reviewed the residents' medical record	lered for elevated		
	change in condition was initiated	by the licensed staff on duty at the time and to ensure the physician	and responsible		
		change in condition. The DON and RN Nurse Practice Educator fur care plans were updated to reflect the medical change in condition			
	6. On 09/11/16, the DON and RN residents (who had physician's ore	Nurse Practice Educator reviewed the MARs and Treatment Admi	nistration Records (TARs) of all		
	7. On 09/12/16, the RN Clinical R	eimbursement Coordinator and RN MDS Coordinator reviewed the			
		ary catheters and all sixteen (16) residents who had Physicians' Or ents' care plans were up to date and current.	ders to receive		
		the facility initiated re-education to all RNs and LPNs. The re-educesident condition changes; the timely reviewing/revising and imple			
	providing necessary care and serv	ices to all residents; providing appropriate monitoring/assessment	of indwelling urinary		
	records including sufficient inform	ng the facility's Stop and Watch Early Warning Tool and complete/ nation to identify the resident. The facility utilized competency/pos			
	education was provided and prese 9. On 09/01/16 through 09/13/16.	nted to the licensed staff. the facility initiated re-education to all CNAs. The re-education inc	cluded the facility's		
	Stop and Watch Early Warning T	ool and how licensed staff and CNAs should utilize this tool and he e facility utilized posttests after the re-education was given.			
	10. Beginning on 09/13/16, the DO	ON, Nurse Practice Educator, RN Clinical Reimbursement Coordin			
	or Registered Nurse reviewed and transfer/discharges out of the faci	will continue to review all medical changes in condition assessme lity to visually validate physician and responsible party notification	nts and to by a licensed		
	nurse on duty; that documentation	has been done in the medical record; and, care plans have been re- riod of fourteen (14) days for a minimum of three (3) audits per shi	vised as needed. This		
	(14) days including weekends, the	en three (3) times a week for two (2) weeks then twice a week for e			
		Areas of concern will be corrected upon discovery. ON, Nurse Practice Educator, RN Clinical Reimbursement Coordin	nator, RN MDS Coordinator and		
	license nurses reviewed and will	continue to review the MAR and TAR and the medical record, for a (3) audits per shift over the fourteen (14) days including weekends	residents who have		
	week for two (2) weeks, then twice	the a week for eight (8) week, then weekly times twelve (12) weeks			
	be corrected upon discovery. 12. Beginning on 09/13/16, the DO	DN, Nurse Practice Educator, RN Clinical Reimbursement Coordin	ator, RN MDS Coordinator and		
		continue to observe for signs and symptoms of UTI related to indw is current and implemented related to catheter care. A licensed nu			
	includes RNs and or LPNs, will p	erform and or observe indwelling catheter care daily with documer	ntation on the TAR. This		
	(14) days including weekends, the	riod of fourteen (14) days for a minimum of three (3) audits per shi en three (3) times a week for two (2) weeks then twice a week for e			
		nd areas of concern will be corrected upon discovery. ON, Nurse Practice Educator, RN Clinical Reimbursement Coordin	nator RN MDS Coordinator		
	and/or RN interviewed and will c	ontinue to interview at least two (2) licensed nurses including RNs	or LPNs daily over a		
	then three (3) times a week for tw	minimum of three (3) audits per shift over the fourteen (14) days in o (2) weeks then twice a week for eight (8) weeks then weekly tim	es twelve (12) weeks to		
		umentation in the medical record, knowledge of the identification a tation requirements for a change of condition including physician is			
	concern will be corrected upon di	scovery.			
	Leadership Rounding Guide/Form	Iministrator and DON conducted and will continue to conduct roun 1. Rounds were and will be conducted and documented at least onc	e weekly for eight (8) weeks		
		of each shift over the first eight (8) weeks and then monthly for founding Guide will be brought to the Quality Improvement Committee			
	15. The Regional Vice President of	f Operations or the Regional Manager of Clinical Operations will a	review the QAPI Leadership		
	conducted based on recommenda	mprovement Committee minutes for at least three (3) months. Add ions from the Quality Improvement Committee.	monai audits WIII De		
		ated the corrective action taken by the facility as follows: ace Improvement Plan for LPN #1, dated 09/07/16, revealed LPN #	‡1 was terminated from		
	employment from the facility due	to negligence in performance of job duties and failed to notify the			
		re President of Operation on 09/21/16 at 2:05 PM, revealed she did			
		n 09/08/16, to the Administrator and DON which included: Inform I, Guide for Developing a QAPI Plan and QAPI Leadership Round			
	President of Operation also provide	led additional re-education which included: Regulation details rega	arding F-490 related to		
	Interview with Administrator and	(Administrator) job description and Center Nurse Executive (DON DON on 09/20/16 at 11:20 AM, revealed they did receive re-educations of the control of the c	ation/training from the		
		tion on 09/08/16 regarding CMS resources including: Five Elemen PI Leadership Rounding Guide. They stated the Regional Vice Pres			
	provided additional re-education,	which included: Regulation details regarding F-490 related to adm			
	Executive (Administrator) job des	scription and Center Nurse Executive (DON) job description.			

FORM CMS-2567(02-99) Event ID: YL1O11 Facility ID: 185312 Previous Versions Obsolete

X3) DATE SURVEY STATEMENT OF (X1) PROVIDER / SUPPLIER (X2) MULTIPLE CONSTRUCTION COMPLETED DEFICIENCIES AND PLAN OF CORRECTION CLIA
IDENNTIFICATION
NUMBER À. BUILDING B. WING ____ 09/21/2016 185312 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP BARKLEY CENTER 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (X4) ID PREFIX TAG (continued... from page 19)
3. On 09/20/16, the SSA reviewed the facility's completed Urinary Tract Infection-Infection Control Reporting Forms which were completed between 09/09/16 through 09/10/16 on all seven (7) residents who utilized indwelling urinary catheters with no concerns identified. Interview with RN #2 on 09/21/16 at 8:05 AM and RN #3 on 09/21/16 at 2:50 PM, revealed they had F 0493 Level of harm - Immediate jeopardy been educated in regards to catheter care. They stated that licensed staff must observe catheter care or if licensed staff been educated in regards to catheter care. They stated that licensed starf must observe catheter care or if licensed staff was unable to observe it, licensed staff would have to perform the catheter care.

4. On 09/20/16, the SSA reviewed the facility's completed audit, dated 09/10/16 of the DON's review of all residents' medical change in condition assessments for the last thirty (30) days with no concerns identified.

5. On 09/20/16, the SSA reviewed the facility's completed audit of the DON and RN Nurse Practice Educator's review of all resident temperatures in the vital signs portal for seventy-two (72) of seventy-two (72) residents from 09/01/16 through 09/10/16; review of the MARS; review of the residents' medical records; and, review of the residents' care plans with no concerns identified. Residents Affected - Few concerns identified. concerns identified.

6. On 09/20/16, the SSA reviewed the facility's completed audit of the DON and RN Nurse Practice Educator's review of all resident's accu-check readings from 09/01/16 through 09/10/16 and review of physician notifications for any accu-check results of less than 70 mg/dl or any accu-check results greater than 400 mg/dl with no concerns identified.

7. On 09/20/16, the SSA reviewed the facility's completed 09/12/16 audit conducted by the RN, Clinical Reimbursement Coordinator, and RN MDS Coordinator of the residents' care plans for residents who utilized indwelling urinary catheter and for residents who had orders to receive accu-checks. No concerns were identified. for residents who had orders to receive accu-checks. No concerns were identified.

8. On 09/20/16, the SSA reviewed the facility's sign in sheets, dated 08/31/16 through 09/13/16, and completed competency/post tests for all licensed staff related to the education the facility provided to all licensed staff regarding: physician notification, timely reviewing/revising care plans, indwelling urinary catheter care/assessment/observation of, complete/accurate clinical records, necessary care and services provided to residents and the facility's Stop and Watch Early Warning Tool. Interviews on 09/20/16 with LPN #3 at 1:55 PM, LPN #4 at 2:07 PM, RN #3 at 2:21 PM, LPN #5 at 2:33 PM and RN #4 at 2:50 PM, revealed they all had the facility's re-education training on physician notification, timely reviewing/revising care plans, indwelling urinary catheter care/assessment/observation of, complete/accurate clinical records, necessary care and services provided to residents and the facility's Stop and Watch Early Warning Tool. They all also confirmed they had to take posttests over the re-education training the facility provided 9. On 09/20/16, the SSA reviewed the facility's sign in sheets, dated 09/01/16 through 09/13/16 and completed post tests for all CNAs related to the education the facility provided to all CNAs regarding: the facility's Stop and Watch Early Warning Tool and how licensed staff and CNAs should utilize this tool and how to identify symptoms of infection in geriatric residents. Interviews on 09/20/16 with CNA #5 at 12:40 PM, CNA #6 at 12:48 PM, CNA #7 at 1:12 PM, CNA #8 at 1:23 PM and CNA
#9 at 1:38 PM, revealed they all had the facility re-education training on the Stop and Watch Early Warning Tool and how CNA #9 at 1:38 PM, revealed they all had the facility re-education training on the Stop and Watch Early Warning Tool and how licensed staff and CNAs should utilize this tool and how to identify symptoms of infection in geriatric residents. They all also confirmed they had to take posttests over the re-education training the facility provided.

10. On 09/20/16, the SSA reviewed the current and ongoing audits completed daily from 09/13/16-09/19/16, and determined the facility reviewed all medical changes in condition assessments and transfer/discharges out of the facility and the visual validation of physician and responsible party notification by a licensed nurse on duty and the documentation in the medical record along with the review of care plans to ensure they have been revised as needed. No concerns were identified.

11. On 09/20/16, the SSA reviewed the current and ongoing audits dated 09/13/16-09/19/16 and determined the facility reviewed the MAR and TAR and the medical record for residents who had physician's orders [REDACTED]. The facility visually validated that physician notifications were documented in the medical record by a licensed nurse on duty for accu-check readings less than 70 mg/dl and or greater than 400 mg/dl and the visually validated to ensure the care plan was current and implemented. No concerns were identified. and implemented. No concerns were identified.

12. On 09/20/16, the SSA reviewed the current and ongoing audit, dated 09/13/16 through 09/19/16, and determined the facility observed for signs and symptoms of UTI related to indwelling urinary catheter use and visually validated if the care plan was current and implemented related to catheter care. No concerns were identified.

13. On 09/20/16, the SSA reviewed the current and ongoing audits, dated 09/13/16-09/19/16, and determined the facility interviewed at least two (2) licensed nurses including RNs or LPNs daily for a minimum of three (3) audits per shift. The interviews validated knowledge of proper documentation in the medical record, knowledge of the identification and assessment of a change in condition including physician assessment of a change in condition, and the documentation requirements for a change of condition including physician notification. No concerns were identified. 14. On 09/20/16, the SSA reviewed the current and ongoing audits, dated 09/13/16, and determined the Administrator and DON conducted rounds and utilized the QAPI Leadership Rounding Guide/Form. No concerns were identified.

15. Interview with the Regional Vice President of Operation on 09/21/16 at 2:05 PM, revealed she will be reviewing the QAPI Leadership Rounding Form and the Quality Improvement Committee minutes for at least three (3) months and additional audits will be conducted based on recommendations from the Quality Improvement Committee. F 0514 Keep accurate, complete and organized clinical records on each resident that meet professional standards NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Level of harm - Immediate Based on interview, record review, and facility policy review, it was determined the facility failed to ensure the clinical record for one (1) of four (4) sampled residents (Resident #1) was maintained in accordance with accepted professional standards and practices that were complete and accurately documented.

On 08/27/16 at approximately 7:00 PM through 08/28/16 at 8:00 PM, staff indicated Resident #1 was having a decline in jeopardy Residents Affected - Few alertness, an increased temperature, and decreased urinary output. However, the licensed staff failed to document any of the above changes in the resident's condition and/or any assessments that were completed during this twenty-six (26) hour period. On 08/28/16 at 10:00 PM, Licensed Practical Nurse (LPN) #1 identified Resident #1 was unresponsive with an elevated temperature of 105.4 degrees Fahrenheit and accu-check reading of HI. LPN #1 stated she called Resident #1's spouse and per family request made a decision to send Resident #1 to the emergency room (ER). Resident #1 was admitted to the hospital, on 08/29/16, with [DIAGNOSES REDACTED]. 08/29/16, with [DIAGNOSES REDACTED].

The facility's failure to ensure the clinical record was maintained in accordance with accepted professional standards and practices that were complete and accurately documented has caused or is likely to cause serious injury, harm, or impairment or death to a resident. Immediate Jeopardy was identified on 09/08/16 and determined to exist on 08/27/16. The facility was notified of the Immediate Jeopardy on 09/08/16. An acceptable Allegation of Compliance (AoC) was received on 09/20/16, and the State Survey Agency validated the Immediate Jeopardy was removed on 09/14/16, 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. Assurance (QA) monitors the effectiveness of the systemic changes. The findings include:

Review of facility's policy Charting and Documentation revised 01/01/13, revealed the purpose of this policy is to provide a complete account of the resident's total stay from admission through discharge, provide information about the resident that will be used in developing a plan of care, and as a tool for measuring the quality of care provided to the patient. Further review of this policy, revealed the facility is to chart pertinent changes in the resident's condition, reaction to treatment, medication, as well as routine observations. It also states to be concise, accurate, complete, factual, and

Review of Resident #1's Medication Administration Records (MARS) for August 2016, revealed LPN #1 administered Tylenol 650 MG via Resident #1's Medication Administration Records (MARS) for August 2016, revealed LPN #1 administered Tylenol 650 MG via Resident #1's Gastrostomy Tube ([DEVICE]) on 08/27/16 at 10:20 PM related to a temperature; however, she failed to document the resident's actual temperature reading. Further review of the MARS, revealed LPN #1 administered Tylenol 650 MG via Resident #1's [DEVICE] again on 08/28/16 at 2:30 AM, but she did not document the resident's temperature or reason for giving the Tylenol, nor did she chart the results from the Tylenol that was given at that time.

Interview with Certified Nurse Aide (CNA) #3 on 09/06/16 at 10:36 AM, revealed she worked on 08/27/16 on the 3:00 PM to

11:00 PM shift. She stated at approximately 7:00 PM, Resident #1's temperature was 101.3 degrees Fahrenheit (F) and the

Record review revealed the facility admitted Resident #1 on 03/16/16 with [DIAGNOSES REDACTED].

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STATEMENT OF	(X1) PROVIDER / SUPPLIER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY		
DEFICIENCIES AND PLAN OF CORRECTION	/ CLIA IDENNTIFICATION NUMBER	Ä. BUILDING B. WING	COMPLETED 09/21/2016		
	185312				
VAME OF PROVIDER OF SUF BARKLEY CENTER	PLIER	STREET ADDRESS, CITY, STA			
		4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001			
(X4) ID PREFIX TAG	•	cy, please contact the nursing home or the state survey agency. DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY	Y FULL REGULATORY		
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				
F 0514 Level of harm - Immediate jeopardy Peridents Affected Form	(continued from page 20) resident was not acting like his/her normal self as this resident was not verbally communicating and moaned a lot when incontinent care and or turning and repositioning was provided. She stated she informed LPN #1 of these resident changes in condition. However, review of the clinical record revealed no documented evidence in the Nurse's Notes LPN #1 assessed the resident. The only documentation was on the August 2016 MAR that indicated LPN #1 administered Tylenol on 08/27/16 at 10:20				
Residents Affected - Few	PM for an increased temperature (no temperature documented) with the results documented as a temperature of 100.6 degrees F. Interview with CNA #2 on 09/07/16 at 10:17 AM, revealed she worked the 11:00 PM-7:00 AM shift on 08/27/16. She stated Resident #1 ran an increased temperature of ninety-nine (99) degrees Fahrenheit to one-hundred one (101) degrees Fahrenheit throughout her shift. She stated she recalled Resident #1 had no output from his/her indwelling urinary catheter and LPN #1 was aware because she had reported this to LPN #1. However, review of the clinical record revealed no documented evidence LPN #1 assessed the resident. The only documentation was on the August 2016 MAR that indicated LPN #1 administered Tylenol at 2:30 AM on 08/28/16. However, LPN #1 did not document the reason for giving the Tylenol or the results of the Tylenol. Interview with CNA #1 on 09/02/16 at 3:35 PM, revealed she worked the 3:00 PM to 11:00 PM shift on 08/28/16. She stated at approximately 5:30 PM to 6:00 PM Resident #1 could not be aroused or awaken. She revealed Registered Nurse (RN) #1 was in the room feeding Resident #1's roommate supper and the RN said to monitor Resident #1. CNA #1 stated she knew this was not Resident #1's normal behavior so she reported this to LPN #1 also, who was the Charge Nurse for the unit. She stated LPN #1 also told her to monitor Resident #1 and LPN #1 never did check on the resident. She also stated at approximately 8:00 PM while doing an incontinent check on Resident #1. Was unable to still be aroused or woken up and she again reported this to LPN #1 who again said to just monitor Resident #1. However, review of the clinical record revealed no documented evidence licensed staff assessed the resident. Review of computer documented Nursing Notes for Resident #1, revealed there was no documentation of the condition changes Resident #1 was identified as having on 08/27/16 through 08/28/16 until a late entry Nursing Note by LPN #1 on 08/29/16 at 2:00 AM. Further review of this Nursing Note,				
	assess or document Resident #1 condition. RN #1 stated she did inform LPN #1 of staff not being able to wake Resident #1 up. Interview with LPN #1 on 607/716 at 3:00 PM, revealed she had no explanation why whe failed to document Resident #1 up. Interview with changes on 08:27/16 and on 08:28/16 prior to finding Resident #1 unresponsive at 10:00 PM on 08:28/16 with an one caphanation as to why on 08:28/16 at 3:20 AM and the able to the actual temperature Resident #1 had on 08:27/16 at 10:20 PM in which she administered Tylenol. She also stated she had no explanation as to why on 08:28/16 at 3:20 AM she did not chart the reason or the temperature Resident #1 had or chart the follow up results of giving the Tylenol. Interview with the Director of Nursing (DON), on 09:08/16 at 8:15 PM, revealed she expected the resident's clinical records to be clear, concise, and accurately documented. She stated she would have expected LPN #1 to document Resident #1's condition changes that occurred on 08:27/16 and 00:28/16 and she would have expected LPN #1 to document Resident #1's condition changes that occurred on 08:27/16 and 00:28/16 and she would have expected LPN #1 to document the exact reason with the proper of the state of th				
	13. Beginning on 09/13/16, the DO	ON, Nurse Practice Educator, RN Clinical Reimbursement Coordin	ator, RN MDS Coordinator		

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STATEMENT OF	(X1) PROVIDER / SUPPLIER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY				
DEFICIENCIES AND PLAN OF CORRECTION	/ CLIA IDENNTIFICATION NUMBER	A. BUILDING B. WING	COMPLETED 09/21/2016				
	185312						
	ME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP						
BARKLEY CENTER	KLEY CENTER 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001						
For information on the nursing h	nformation on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)						
F 0514	(continued from page 21) and/or RN interviewed and will continue to interview at least two (2) licensed nurses including RNs or LPNs daily over a						
Level of harm - Immediate jeopardy	and/or KN interviewed and will continue to interview at least two (2) licensed nurses including KNs or LPNs daily over a period of fourteen (14) days for a minimum of three (3) audits per shift over the fourteen (14) days including weekends, then three (3) times a week for two (2) weeks then twice a week for eight (8) weeks then weekly times twelve (12) weeks to validate knowledge of proper documentation in the medical record, knowledge of the identification and assessment of a						
Residents Affected - Few	change in condition, the documentation requirements for a change of condition including physician notification. Areas of concern will be corrected upon discovery. 14. Beginning on 09/13/16, the Administrator and DON conducted and will continue to conduct rounds and utilize the QAPI Leadership Rounding Guide/Form. Rounds were and will be conducted and documented at least once weekly for eight (8) weeks to include at least two (2) rounds of each shift over the first eight (8) weeks and then monthly for four (4) months. Information gathered on the Rounding Guide will be brought to the Quality Improvement Committee by the Administrator. 15. The Regional Vice President of Operations or the Regional Manager of Clinical Operations will review the QAPI Leadership Rounding Form and the Quality Improvement Committee in the Committee of the Confidence of						
	resident's change in condition. 2. Interview with the Regional Vic	to negligence in performance of job duties and failed to notify the President of Operation on 09/21/16 at 2:05 PM, revealed she did	provide				
	n 09/08/16, to the Administrator and DON which included: Inform I, Guide for Developing a QAPI Plan and QAPI Leadership Roundi ded additional re-education which included: Regulation details rega (Administrator) job description and Center Nurse Executive (DON) DON on 09/20/16 at 11:20 AM, revealed they did receive re-educa	ing Guide. The Regional Vice rding F-490 related to) job description.					
	Regional Vice President of Operation on 09/08/16 regarding CMS resources including: Five Elements of QAPI, Guide for Developing a QAPI Plan and QAPI Leadership Rounding Guide. They stated the Regional Vice President of Operation also provided additional re-education, which included: Regulation details regarding F-490 related to administration, Center Executive (Administrator) job description and Center Nurse Executive (DON) job description. 3. On 09/20/16, the SSA reviewed the facility's completed Urinary Tract Infection-Infection Control Reporting Forms which were completed between 09/09/16 through 09/10/16 on all seven (7) residents who utilized indwelling urinary catheters with no concerns identified. Interview with RN #2 on 09/21/16 at 8:05 AM and RN #3 on 09/21/16 at 2:50 PM, revealed they had been educated in regards to catheter care. They stated that licensed staff must observe catheter care or if licensed staff was unable to observe it, licensed staff would have to perform the catheter care. 4. On 09/20/16, the SSA reviewed the facility's completed audit, dated 09/10/16 of the DON's review of all residents' medical change in condition assessments for the last thirty (30) days with no concerns identified. 5. On 09/20/16, the SSA reviewed the facility's completed audit of the DON and RN Nurse Practice Educator's review of all						
	resident temperatures in the vital signs portal for seventy-two (72) of seventy-two (72) residents from 09/01/16 through 09/10/16; review of the MARS; review of the residents' medical records; and, review of the residents' care plans with no concerns identified. 6. On 09/20/16, the SSA reviewed the facility's completed audit of the DON and RN Nurse Practice Educator's review of all						
	resident's accu-check readings from 09/01/16 through 09/10/16 and review of physician notifications for any accu-check results of less than 70 mg/dl or any accu-check results greater than 400 mg/dl with no concerns identified. 7. On 09/20/16, the SSA reviewed the facility's completed 09/12/16 audit conducted by the RN, Clinical Reimbursement Coordinator, and RN MDS Coordinator of the residents' care plans for residents who utilized indwelling urinary catheter and for residents who had orders to receive accu-checks. No concerns were identified.						
	8. On 09/20/16, the SSA reviewed the facility's sign in sheets, dated 08/31/16 through 09/13/16, and completed competency/post tests for all licensed staff related to the education the facility provided to all licensed staff regarding; physician notification, timely reviewing/revising care plans, indwelling urinary catheter						
	the facility's Stop and Watch Earl at 2:21 PM, LPN #5 at 2:33 PM a notification, timely reviewing/rev complete/accurate clinical records Early Warning Tool. They all also 9. On 09/20/16, the SSA reviewed	omplete/accurate clinical records, necessary care and services provi y Warning Tool. Interviews on 09/20/16 with LPN #3 at 1:55 PM, in dt RN #4 at 2:50 PM, revealed they all had the facility's re-education ising care plans, indwelling urinary catheter care/assessment/observers, necessary care and services provided to residents and the facility's confirmed they had to take posttests over the re-education training the facility resolided to all CNA expendients the facility store and the facility's team and the facility the facility that the facility the facility the facility that the facility the facility that the	LPN #4 at 2:07 PM, RN #3 on training on physician vation of, s Stop and Watch the facility provided ompleted post tests for				
	Tool and how licensed staff and C residents. Interviews on 09/20/16 CNA	the facility provided to all CNAs regarding: the facility's Stop and NAs should utilize this tool and how to identify symptoms of infect with CNA #5 at 12:40 PM, CNA #6 at 12:48 PM, CNA #7 at 1:12	etion in geriatric PM, CNA #8 at 1:23 PM and				
	licensed staff and CNAs should walso confirmed they had to take po 10. On 09/20/16, the SSA reviewe	ad the facility re-education training on the Stop and Watch Early W tilize this tool and how to identify symptoms of infection in geriatri osttests over the re-education training the facility provided. d the current and ongoing audits completed daily from 09/13/16-09	c residents. They all 1/19/16, and determined the				
	validation of physician and response record along with the review of ca 11. On 09/20/16, the SSA reviewe reviewed the MAR and TAR and	ges in condition assessments and transfer/discharges out of the facinsible party notification by a licensed nurse on duty and the docume are plans to ensure they have been revised as needed. No concerns to defect the current and ongoing audits dated 09/13/16-09/19/16 and detet the medical record for residents who had physician's orders [REDA ons were documented in the medical record by a licensed nurse on	entation in the medical were identified. ermined the facility ACTED]. The facility visually				
	readings less than 70 mg/dl and or and implemented. No concerns we 12. On 09/20/16, the SSA reviewe	r greater than 400 mg/dl and the visually validated to ensure the car	e plan was current and determined the				
	care plan was current and implem 13. On 09/20/16, the SSA reviewe interviewed at least two (2) licens	appoints of 17 tradect or interest in meaning varieties as a mission ented related to catheter care. No concerns were identified, at the current and ongoing audits, dated 09/13/16-09/19/16, and deted nurses including RNs or LPNs daily for a minimum of three (3) for proper documentation in the medical record, knowledge of the ide	ermined the facility audits per shift. The				
	assessment of a change in condition, and the documentation requirements for a change of condition including physician notification. No concerns were identified. 14. On 09/20/16, the SSA reviewed the current and ongoing audits, dated 09/13/16, and determined the Administrator and DON conducted rounds and utilized the QAPI Leadership Rounding Guide/Form. No concerns were identified.						
	15. Interview with the Regional Vi Leadership Rounding Form and the	ice President of Operation on 09/21/16 at 2:05 PM, revealed she with the Quality Improvement Committee minutes for at least three (3) m mendations from the Quality Improvement Committee.	ll be reviewing the QAPI				
F 0520	Set up an ongoing quality assess	ment and assurance group to review quality deficiencies					
Level of harm - Immediate	quarterly, and develop corrective**NOTE- TERMS IN BRACKET	ve plans of action. S HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**					
jeopardy Residents Affected - Few	Based on interview, record review, and review of facility policy and the facility's Plan of Correction (POC) for the Abbreviated Survey conducted 09/08/15 through 09/18/16 and the POC for the Abbreviated Survey on 01/28/16 through 02/13/16, it was determined the facility failed to maintain a Quality Assessment and Assurance Program that developed and implemented						
Acsidents Affected - FeW		ect quality deficiencies. This was evidenced by repeated deficiencies.					

FORM CMS-2567(02-99) Event ID: YL1011 Facility ID: 185312 Previous Versions Obsolete

STATEMENT OF DEFICIENCIES	(X1) PROVIDER / SUPPLIER / CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED			
AND PLAN OF	IDENNTIFICATION	B. WING	09/21/2016			
CORRECTION	NUMBER 185312					
NAME OF PROVIDER OF SU		STREET ADDRESS, CI	TY, STATE, ZIP			
BARKLEY CENTER		4747 ALBEN BARKLE	Y DRIVE			
	1 1 1	PADUCAH, KY 42001				
(X4) ID PREFIX TAG		cy, please contact the nursing home or the state survey agest DEFICIENCIES (EACH DEFICIENCY MUST BE PRECE				
(AT) ID TREFIX THO	OR LSC IDENTIFYING INFOR		BBB B11 CEE RECEENTOR1			
F 0520	(continued from page 22) F309, and F315.					
Level of harm - Immediate	The facility's failure to have an eff	ective Quality Assessment and Assurance Program to iden ad quality deficiencies related was likely to cause serious in				
jeopardy	death to a resident. Immediate Jed	pardy was identified on 09/08/16 and determined to exist of	on 08/27/16. The facility was			
Residents Affected - Few		ly on 09/08/16. An acceptable Allegation of Compliance (A was removed on 09/14/16. The State Survey Agency valida				
		The Scope and Severity was lowered to a D while the facil facility's Quality Assurance (QA) monitors the effectivened				
	The findings include:	Quality Improvement Process revised 04/01/03, revealed the				
	development of the Quality Impro	ovement Plan and is responsible for development, maintena	nce and ongoing evaluation of an			
	Improvement Committee to asses	ovement Committee. The policy further revealed, it is the rest and evaluate Survey results and Plans of Correction.				
	reviewed and revised to reflect re	review, it was determined the facility failed to ensure the C sponse to care and changing needs/goals (Refer to F-280).	This was a repeat deficiency			
	for the facility, which was cited d facility's Plan of Correction (POC	uring an Abbreviated Survey conducted 09/08/15 through (5), with a compliance date of 10/15/15, revealed beginning	09/18/15. Review of the on 09/18/15 the Administrator,			
		Services Director or licensed nurse were to review care pla care and changing needs/goals three (3) times a per week for				
	determined by the monthly Quali Educator, RN, DON or Administr	ty Improvement Committee with corrective action upon dis	scovery by the Nurse Practice			
	Interview with the DON, on 09/08	1/16 at 8:15 AM, record review and review of the facility's				
	Plans related to recent condition of	ital stay, facility staff failed to review and revise Resident # changes which required Resident #1 to be hospitalized . Re-	sident #1 was again admitted to			
	2. Based on interview and record	nally the same conditions related to the hospitalized from [I review, it was determined the facility failed to ensure service.	ces were provided in			
		rehensive Plan of Care (Refer to F282). This was a repeat d Survey conducted 09/08/15 through 09/18/15, and an Abbr				
		facility's POC, with a compliance date of 10/15/15, reveale ed nurse would observe residents with urinary catheters to				
	followed related to monitoring ur	inary output which includes the odor, color, consistency, are kends, then three (3) times per week times two (2) weeks the	nd amount across all shifts for			
	Quality Improvement Committee	with corrective action upon discovery.	•			
	Manager, Administrator, Nurse P	a compliance date of 03/15/16, revealed beginning on 02/0 ractice Educator, DON, ADON, RN, LPN, Admissions Dir	rector, Payroll Benefits Coordinator or			
	staff daily across all shifts for fou	terview at least five (5) non-licensed staff and or CNAs an rteen (14) days to include weekends then three (3) times pe	er week for two (2) weeks			
	then four (4) times per month for staff could articulate the purpose	five (5) months then as indicated by the Quality Improvem of the resident care plan.	ent Committee to validate that			
	Interview with the DON, on 09/08	1/16 at 8:15 AM, record review and review of the facility's to staff failed to implement Resident #1's Comprehensive Pl				
	interventions to: monitor for sign	s and symptoms of infection and report to physician; monit itor urine for sediment, cloudy, odor, blood and amount and	or output for odor, color,			
	hyper/[DIAGNOSES REDACTE	D] and report abnormal findings to physician.				
	resident's received the necessary	ew and review of the facility's policies, it was determined t care and services to attain or maintain the highest practicab	le physical, mental, and			
	deficiency for the facility, which	psychosocial well-being in accordance with the comprehensive assessment and care plan (Refer to F309). This was a repeat deficiency for the facility, which was cited during an Abbreviated Survey conducted 09/08/15 through 09/18/15. Review of				
		ance date of $10/\overline{1}5/15$, revealed beginning on $09/18/15$, the would review residents with a change of condition and audi				
	completing head to toe assessmer	at and documenting on an audit tool that verifies the change imely daily times fourteen (14) days to include weekends,	of condition is accurately			
	two (2) weeks, then as determined	d by the Quality Improvement Committee with corrective a /16 at 8:15 AM, record review and review of the facility's p	ction upon discovery.			
	dated 08/01/15 and Physician/Mic	d-level Provider Notification revised 03/15/16, revealed sta	ff failed to follow the policies			
	and symptoms of infection.	eporting to Resident #1's physician, signs and symptoms of				
		ew and review of the facility's policies, it was determined to s to identify complications of an indwelling urinary cathete				
		which was cited during an Abbreviated Survey conducted (in a compliance date of 10/15/15, revealed beginning on 09/				
	Educator or licensed nurse would	review all residents with urinary catheters for signs and sy DN] with appropriate treatment across all shifts daily for fo	mptoms of a Urinary Tract			
		two (2) weeks, then as determined by monthly Quality Imp				
	Interview with the DON on 09/08	16 at 8:15 AM, record review and review of the facility's p				
	symptoms of a Urinary Tract Infe	02/14, revealed the facility failed to identify and notify the ction [MEDICAL CONDITION]. Resident #1 had to be he				
	and was hospitalized with a [DIA Interview with the Administrator,	GNOSES REDACTED]. on 09/08/16 at 8:30 AM, who was over the facility's Qualit	ty Assurance (QA) Committee,			
		ified any concerns with the reviewing and revising of resid ne necessary care and services, and staff providing appropri				
	catheter care during the monthly	Quality Improvement Committee meetings. gional Vice President of Operations (RVPO), on 09/29/16 a				
	continued specific oversight ongo	ing or in place related to the past repetitive deficient practi	ce. The RVPO stated the			
	with continued random audits per	past deficient practice had been corrected by following the formed by both the facility and the corporate team.	Fran Of Coffections and			
	1. The facility terminated LPN #1					
		President of Operation provided re-education, via phone, to CMS resources including: Five Elements of Quality Assu				
	(QAPI), Guide for Developing a	QAPI Plan and QAPI Leadership Rounding Guide. The Re	gional Vice President of Operation also			
	provided additional re-education, which included: Regulation details regarding F-490 related to administration, Center Executive (Administrator) job description, and Center Nurse Executive (DON) job description. 2. On 00/016 theoretic DOM (1/16) the facility accessed all earns (7) peridents who utilized an industrial properties of the control of th					
	3. On 09/09/16 through 09/10/16, the facility assessed all seven (7) residents who utilized an indwelling urinary catheter. The facility utilized their urinary tract infection - infection control reporting form to assess these residents. The					
	care or licensed staff will provide					
	(30) of seventy-two (72) residents	d all medical change in condition assessments for the last the had medical change in condition assessments. The DON r	reviewed and read the medical			
	change in condition assessments in the medical record to validate the completion of the assessments by the licensed staff, which included the timely notification of the physician and the updating and implementation of the care plan.					
	5. On 09/11/16, the DON and RN Nurse Practice Educator reviewed all resident temperatures in the vital signs portal for					

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STATEMENT OF	(X1) PROVIDER / SUPPLIER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY			
DEFICIENCIES AND PLAN OF CORRECTION	CLIA IDENNTIFICATION NUMBER	A. BUILDING B. WING	COMPLETED 09/21/2016			
	185312					
NAME OF PROVIDER OF SUP	PLIER	STREET ADDRESS, CITY, STA				
BARKLEY CENTER	RKLEY CENTER 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001					
For information on the nursing h	ome's plan to correct this deficien	cy, please contact the nursing home or the state survey agency.				
	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY MATION)	Y FULL REGULATORY			
F 0520	(continued from page 23) seventy-two (72) of seventy-two (72) residents from 09/01/16 through 09/10/16 to identify if any resident had elevated					
Level of harm - Immediate	temperatures during that period of	f time of 101 degrees Fahrenheit or greater. The DON and RN Nurs	se Practice Educator then			
jeopardy	reviewed the Medication Administration Records (MARs) to ensure medication was provided as ordered for elevated temperatures. The DON and RN Nurse Practice Educator also reviewed the residents' medical records to ensure a medical					
Residents Affected - Few	change in condition was initiated by the licensed staff on duty at the time and to ensure the physician and responsible party were notified timely of the change in condition. The DON and RN Nurse Practice Educator further reviewed the residents' care plans to ensure the care plans were updated to reflect the medical change in conditions. 6. On 09/11/16, the DON and RN Nurse Practice Educator reviewed the MARs and Treatment Administration Records (TARs) of all					
	residents (who had physician's ore		· · ·			
	residents who had indwelling urir	nary catheters and all sixteen (16) residents who had Physicians' Ord				
	8. On 08/31/16 through 09/13/16,	ents' care plans were up to date and current. the facility initiated re-education to all RNs and LPNs. The re-educ				
		esident condition changes; the timely reviewing/revising and impler rices to all residents; providing appropriate monitoring/assessment of				
		ng the facility's Stop and Watch Early Warning Tool and complete/a nation to identify the resident. The facility utilized competency/pos				
	education was provided and prese					
	Stop and Watch Early Warning T	ool and how licensed staff and CNAs should utilize this tool and ho be facility utilized posttests after the re-education was given.				
	10. Beginning on 09/13/16, the DO	ON, Nurse Practice Educator, RN Clinical Reimbursement Coordin				
	transfer/discharges out of the faci	I will continue to review all medical changes in condition assessment lity to visually validate physician and responsible party notification	by a licensed			
	will be completed daily over a pe	n has been done in the medical record; and, care plans have been revision of fourteen (14) days for a minimum of three (3) audits per shift	ft over the fourteen			
		en three (3) times a week for two (2) weeks then twice a week for eigenvalues of concern will be corrected upon discovery.	ight (8) weeks then			
	11. Beginning on 09/13/16, the DO	ON, Nurse Practice Educator, RN Clinical Reimbursement Coording continue to review the MAR and TAR and the medical record, for re-				
	physician's orders [REDACTED]	.(3) audits per shift over the fourteen (14) days including weekends to a week for eight (8) week, then weekly times twelve (12) weeks a	, then three (3) times a			
	be corrected upon discovery.	ON, Nurse Practice Educator, RN Clinical Reimbursement Coordin				
	RN or LPN did observe and will of	continue to observe for signs and symptoms of UTI related to indwe	elling urinary catheter use			
	includes RNs and or LPNs, will p	n is current and implemented related to catheter care. A licensed nur erform and or observe indwelling catheter care daily with documen	tation on the TAR. This			
	(14) days including weekends, the	riod of fourteen (14) days for a minimum of three (3) audits per shiften three (3) times a week for two (2) weeks then twice a week for each of the control				
		und areas of concern will be corrected upon discovery. ON, Nurse Practice Educator, RN Clinical Reimbursement Coordin.	ator, RN MDS Coordinator			
		ontinue to interview at least two (2) licensed nurses including RNs minimum of three (3) audits per shift over the fourteen (14) days in				
	then three (3) times a week for two (2) weeks then twice a week for eight (8) weeks then weekly times twelve (12) weeks to validate knowledge of proper documentation in the medical record, knowledge of the identification and assessment of a					
	change in condition, the documen	tation requirements for a change of condition including physician n				
	concern will be corrected upon discovery. 14. Beginning on 09/13/16, the Administrator and DON conducted and will continue to conduct rounds and utilize the QAPI Leadership Rounding Guide/Form. Rounds were and will be conducted and documented at least once weekly for eight (8) weeks					
	to include at least two (2) rounds	of each shift over the first eight (8) weeks and then monthly for fou	r (4) months.			
	15. The Regional Vice President of	nding Guide will be brought to the Quality Improvement Committee of Operations or the Regional Manager of Clinical Operations will re-	eview the QAPI Leadership			
		mprovement Committee minutes for at least three (3) months. Additions from the Quality Improvement Committee.	tional audits will be			
	**The State Survey Agency validated the corrective action taken by the facility as follows: 1. Review of Individual Performance Improvement Plan for LPN #1, dated 09/07/16, revealed LPN #1 was terminated from					
		to negligence in performance of job duties and failed to notify the				
	Interview with the Regional Vice	the President of Operation on 09/21/16 at 2:05 PM, revealed she did on 09/08/16, to the Administrator and DON which included: Inform.				
	including: Five Elements of QAP	I, Guide for Developing a QAPI Plan and QAPI Leadership Roundi	ing Guide. The Regional Vice			
	President of Operation also provided additional re-education which included: Regulation details regarding F-490 related to administration, Center Executive (Administrator) job description and Center Nurse Executive (DON) job description.					
	Regional Vice President of Opera	DON on 09/20/16 at 11:20 AM, revealed they did receive re-education on 09/08/16 regarding CMS resources including: Five Element	ts of QAPI, Guide for			
		PI Leadership Rounding Guide. They stated the Regional Vice Pres which included: Regulation details regarding F-490 related to admi				
	Executive (Administrator) job des	scription and Center Nurse Executive (DON) job description. the facility's completed Urinary Tract Infection-Infection Control I				
	were completed between 09/09/10	6 through 09/10/16 on all seven (7) residents who utilized indwellin with RN #2 on 09/21/16 at 8:05 AM and RN #3 on 09/21/16 at 2:50	g urinary catheters with			
	been educated in regards to cathe	ter care. They stated that licensed staff must observe catheter care o				
	On 09/20/16, the SSA reviewed	staff would have to perform the catheter care. the facility's completed audit, dated 09/10/16 of the DON's review	of all residents'			
		ssments for the last thirty (30) days with no concerns identified. the facility's completed audit of the DON and RN Nurse Practice E	Educator's review of all			
	signs portal for seventy-two (72) of seventy-two (72) residents from eview of the residents' medical records; and, review of the residents					
	concerns identified.	the facility's completed audit of the DON and RN Nurse Practice E	-			
	resident's accu-check readings fro	om 09/01/16 through 09/10/16 and review of physician notifications	for any accu-check			
	On 09/20/16, the SSA reviewed	y accu-check results greater than 400 mg/dl with no concerns ident the facility's completed 09/12/16 audit conducted by the RN, Clini	cal Reimbursement			
	Coordinator, and RN MDS Coordinator of the residents' care plans for residents who utilized indwelling urinary catheter and for residents who had orders to receive accu-checks. No concerns were identified. 8. On 09/20/16, the SSA reviewed the facility's sign in sheets, dated 08/31/16 through 09/13/16, and completed competency/post tests for all licensed staff related to the education the facility provided to all licensed staff					
	regarding: physician notification,	timely reviewing/revising care plans, indwelling urinary catheter				
	care/assessment/observation of, complete/accurate clinical records, necessary care and services provided to residents and the facility's Stop and Watch Early Warning Tool. Interviews on 09/20/16 with LPN #3 at 1:55 PM, LPN #4 at 2:07 PM, RN #3 at 2:21 PM, LPN #5 at 2:33 PM and RN #4 at 2:50 PM, revealed they all had the facility's re-education training on physician notification, timely reviewing/revising care plans, indwelling urinary catheter care/assessment/observation of, complete/acquired plansed acceptance and engineer according to the facility's Stop and Watch					
	complete/accurate clinical records, necessary care and services provided to residents and the facility's Stop and Watch					

Facility ID: 185312

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED:5/16/2017 FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES X3) DATE SURVEY STATEMENT OF (X1) PROVIDER / SUPPLIER (X2) MULTIPLE CONSTRUCTION COMPLETED DEFICIENCIES AND PLAN OF CORRECTION CLIA
IDENNTIFICATION
NUMBER À. BUILDING B. WING ____ 09/21/2016 185312 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001 BARKLEY CENTER For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (X4) ID PREFIX TAG F 0520 (continued... from page 24)
Early Warning Tool. They all also confirmed they had to take posttests over the re-education training the facility provided 9. On 09/20/16, the SSA reviewed the facility's sign in sheets, dated 09/01/16 through 09/13/16 and completed post tests for all CNAs related to the education the facility provided to all CNAs regarding: the facility's Stop and Watch Early Warning Tool and how licensed staff and CNAs should utilize this tool and how to identify symptoms of infection in geriatric residents. Interviews on 09/20/16 with CNA #5 at 12:40 PM, CNA #6 at 12:48 PM, CNA #7 at 1:12 PM, CNA #8 at 1:23 PM and CNA Level of harm - Immediate jeopardy Residents Affected - Few CNA
#9 at 1:38 PM, revealed they all had the facility re-education training on the Stop and Watch Early Warning Tool and how licensed staff and CNAs should utilize this tool and how to identify symptoms of infection in geriatric residents. They all also confirmed they had to take posttests over the re-education training the facility provided.

10. On 09/20/16, the SSA reviewed the current and ongoing audits completed daily from 09/13/16-09/19/16, and determined the facility and the staff of the facility and the facility reviewed all medical changes in condition assessments and transfer/discharges out of the facility and the visual validation of physician and responsible party notification by a licensed nurse on duty and the documentation in the medical record along with the review of care plans to ensure they have been revised as needed. No concerns were identified. record along with the review of care plans to ensure they have been revised as needed. No concerns were identified.

11. On 09/20/16, the SSA reviewed the current and ongoing audits dated 09/13/16-09/19/16 and determined the facility reviewed the MAR and TAR and the medical record for residents who had physician's orders [REDACTED]. The facility visually validated that physician notifications were documented in the medical record by a licensed nurse on duty for accu-check readings less than 70 mg/dl and or greater than 400 mg/dl and the visually validated to ensure the care plan was current and implemented. No concerns were identified.

12. On 09/20/16, the SSA reviewed the current and ongoing audit, dated 09/13/16 through 09/19/16, and determined the facility observed for signs and symptoms of UTI related to indwelling urinary catheter use and visually validated if the care plan was current and implemented related to catheter care. No concerns were identified.

13. On 09/20/16, the SSA reviewed the current and ongoing audits, dated 09/13/16-09/19/16, and determined the facility interviewed at least two (2) licensed nurses including RNs or LPNs daily for a minimum of three (3) audits per shift. The interviews validated knowledge of proper documentation in the medical record, knowledge of the identification and assessment of a change in condition, and the documentation requirements for a change of condition including physician notification. No concerns were identified. assessment of a change in condition, and the documentation requirements for a change of condition including physician notification. No concerns were identified.

14. On 09/20/16, the SSA reviewed the current and ongoing audits, dated 09/13/16, and determined the Administrator and DON conducted rounds and utilized the QAPI Leadership Rounding Guide/Form. No concerns were identified.

15. Interview with the Regional Vice President of Operation on 09/21/16 at 2:05 PM, revealed she will be reviewing the QAPI Leadership Rounding Form and the Quality Improvement Committee minutes for at least three (3) months and additional audits will be conducted based on recommendations from the Quality Improvement Committee.

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