STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185312	A. BUILDING _____ B. WING _____	**09/21/2016**

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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0157 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	**Immediately tell the resident, the resident's doctor and a family member of the resident of situations (injury/decline/room, etc.) that affect the resident.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 in condition. 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) 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]. 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. 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 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). Review of the Hospital Discharge Summary, dated 09/01/16, revealed Resident #1 was hospitalized from [DATE]-09/01/16 with [DIAGNOSES REDACTED]. 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 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 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 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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 0157 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 1) 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 any time of Resident #1's change in condition to include increased temperatures, lethargy, decreased urinary output, 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 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 accu-check 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 accu-check on 08/28/16 until 10:00 PM, two (2) hours after it was scheduled and the results of that late accu-check read HI. The LPN stated that at the time of obtaining 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 stated 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 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. **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 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 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; 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 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. 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, 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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F 0157 **Level of harm** - Immediate jeopardy **Residents Affected** - Few	(continued... from page 2) 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 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 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 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. 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 0280 **Level of harm** - Immediate jeopardy **Residents Affected** - Few	**Allow the resident the right to participate in the planning or revision of the resident's care plan.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, review of hospital reports and review of the facility's policy and procedure, it was determined the facility failed to have an effective system in place to ensure the residents' comprehensive care plans were reviewed and revised with changes in condition for one (1) of four (4) sampled residents (Resident #1) when the resident's status changed. On 08/01/16, Resident #1 was sent to the emergency room (ER) related to an increased fever, and altered mental status and was admitted with [DIAGNOSES REDACTED]. Resident #1 returned to the facility on [DATE]. However, the facility failed to review and revise the Comprehensive Care Plan related to the resident's recent hospital stay and condition changes. On 08/28/16 at 10:00 PM, Resident #1 was sent to the ER related to being unresponsive, having a fever and elevated accu-check. Resident #1 was ultimately admitted to the hospital, on 08/28/16 with [DIAGNOSES REDACTED]. The facility's failure to provide review and revise the care plan 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,

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F 0280 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 3) 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 and procedure titled, Care Plans, revised 01/02/14, revealed the interdisciplinary team will develop a comprehensive, individualized care plan for each resident. The care plan will include measurable objectives to meet resident needs and goals as identified by the assessment process. Further review of this policy, revealed the purpose of this policy is to provide necessary care and services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Under Practice Standards under section two (2) it states the comprehensive care plan is reviewed and revised a minimum of quarterly and as needed to reflect response to care and changing needs and goals. Record review revealed the facility admitted Resident #1 on 03/16/16 with diagnoses, which included [MEDICAL CONDITION]/[MEDICAL CONDITIONS], Type 2 Diabetes, and Flaccid Neuropathic Bladder. Review of a Hospital Admission History and Physical, dated 08/01/16, and Discharge Summary, dated 08/09/16, revealed Resident #1 presented to the emergency room from the facility with altered mental status, nausea/vomiting and a temperature of 105.3 degrees Fahrenheit. The resident was unable to interact and just moaned. The resident's indwelling urinary catheter was full of Frank Pus and it was unclear how long that catheter had been in place. Resident #1 was diagnosed with [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. However, review of Resident #1's current Comprehensive Care Plans, dated 03/16/16 and 03/17/16, revealed there were no revisions to the care plans to address Resident #1's hospital stay of 08/01/16 through 08/09/16 in which the resident was diagnosed as having [MEDICAL CONDITION] related to a Urinary Tract Infection and an Acute Kidney Injury. Further review revealed the care plan was not revised to include the type of signs and symptoms that may present with a UTI [MEDICAL CONDITION]. Interview (Post Survey) with Licensed Practical Nurse (LPN) #6, on 09/28/16 at 3:49 PM, revealed she readmitted Resident #1 to the facility upon Resident #1's return from a hospital stay. She stated it was a strong possibility she did not get a chance to review and revise Resident #1's care plans when the resident was readmitted to the facility from the local hospital on [DATE]. She stated it was probably a shift where it was extra busy and there was not enough time to review and revise the care plans. LPN #6 stated she was familiar with the facility's care plan policy that states care plans should be reviewed and revised to reflect changing needs and goals of the residents. Review of the August 2016 Medication Administration Records, Output Records and interviews with Certified Nurse Aide (CNA) #3, on 09/06/16 at 10:36 AM, who worked 3PM-11 PM on 08/27/16; CNA #2, on 09/07/16 at 10:17 AM, who worked 11P -7 AM on 08/27/16; CNA #1, on 09/02/16 at 3:35 PM, who worked 3 PM-1 PM shift on 08/28/16; Licensed Practical Nurse (LPN) #1, on 09/05/16 at 5:25 PM and on 09/07/16 at 1:14 PM, who worked 7P-7A shift on 08/27/16 and 08/28/16, and Registered Nurse (RN) #1, on 09/06/16 at 10:36 AM, who worked 7P-7A on 08/28/16 revealed on 08/27/16 during the 3:00 PM-11:00 PM shift, Resident #1 was identified as having temperatures ranging 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 and 3:00 PM-11:00 PM shift on 08/28/16. In addition, the resident was identified as non-responsive at approximately 6:30 PM and 8:00 PM. On 08/28/16 at 10:00 PM, Resident #1 was 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 admitted to the hospital, on 08/29/16 and discharged on [DATE], with [DIAGNOSES REDACTED]. Interview with Minimum Data Set (MDS) Coordinator #1 on 09/01/16 at 12:23 PM, revealed all nurses were responsible to update the residents' care plans with any condition changes or pertinent information that arises. She stated the MDS Coordinators review and revise the care plans during the time MDS assessments were being done. She stated she expected all licensed nurses to update resident care plans with any pertinent data or resident condition changes. Interview with MDS Coordinator #2 on 09/20/16 at 4:00 PM, revealed all nurses were responsible for reviewing and revising the care plans. She stated the nurse on duty when a resident was readmitted would be responsible for reviewing and revising the resident's care plan. Interview with the Director of Nursing (DON), on 09/08/16 at 8:15 AM, revealed she expected care plans to be updated on an ongoing basis with any clinical condition changes or with any new high-risk conditions that arise for residents. She stated Resident #1's care plans should have been updated with his/her condition changes and identified problems that arose from his/her acute medical conditions that led to a hospitalization . The DON stated all nurses were able to update care plans and were responsible for updating care plans with new orders, treatments, and changes that were pertinent to the resident. Interview with the Administrator, on 09/08/16 at 08:30 AM, revealed she expected the facility to follow the care plan policy and procedure. **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 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 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; 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

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F 0280 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 4) 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 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. 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, 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 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 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 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.

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F 0280 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(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 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 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	**Make sure services provided by the nursing facility meet professional standards of quality.** **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). 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 08/27/16. 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, 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 physician. Review of the KBN AOS #19, Responsibility and 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 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 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 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 roommate. 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. 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.

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F 0281 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(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, nor did she notify the physician. LPN #1 stated, in hindsight, maybe she should have called the resident's physician when she noted these elevated accu-check results, but she felt the resident's blood sugars would come down because she had stopped Resident #1's Gastrostomy Tube feeding at intervals thinking that would bring the resident's blood sugar down. However, further interview revealed she did not have a physician's orders [REDACTED]. LPN #1 further stated she did not perform Resident #1's scheduled 8:00 PM accu-check on 08/28/16 until 10:00 PM, two (2) hours after it was scheduled. She stated the results of the late accu-check read HI. LPN #1 stated at the time of obtaining Resident #1's scheduled 8:00 PM accu-check at 10:00 PM on 08/28/16, that she also noticed the resident felt warm. At this time, she took the resident's temperature, which was 105.4 degrees F. LPN #1 stated Resident #1 had been running a fever since 08/27/16. She stated she did not call the physician at this time. LPN #1 stated because of the elevated temperature and accu-check, she sent the resident to the ER after notifying Resident #1's spouse. LPN #1 stated she did not contact the physician, but wrote a physician's orders [REDACTED].#1 on 08/27/16 at 10:20 PM and on 08/28/16 at 2:30 AM due to Resident #1's continued fever. She stated she wrote the order because she believed the physician would not want to be bothered over a simple Tylenol order, so therefore, she wrote the order herself. She also 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 the facility had multiple policies and she could not remember the specifics of all the policies off hand. Interview with Paramedic #1, on 09/08/16 at 9:26 AM, revealed she was the paramedic that was called and transported Resident #1 to theER on [DATE]. She stated upon arrival LPN #1 could not provide any pertinent information about Resident #1 in regard to an overall assessment of the resident's condition other than Resident #1 had a high fever and increased accu-check. She further stated LPN #1 mentioned Resident #1 had a fever the night before on Saturday 08/27/16. She also stated, upon assessing Resident #1, it was noted that Resident #1 had cream and powder all over his/her indwelling urinary catheter with green drainage noted all over the perineal area and on the catheter also. She stated Resident #1 had a much distended abdomen and only about ten (10) milliliters (ml) of urine in the catheter drainage bag. Paramedic #1 stated Resident #1 had green sputum coming out of his/her nose and mouth. She revealed LPN #1 stated, She was sorry the resident was in such bad shape but it had been busy. Interview with the ER Director, on 09/07/16 at 11:00 AM, revealed Resident #1 presented to theER on [DATE] with a chief complaint of unresponsiveness. He stated the resident responded to painful stimuli only. The ER Director stated Resident #1 arrived to the ER with purulent thick green sputum in his/her nose, mouth, and purulent drainage coming from the resident's urinary catheter insertion site. He stated Resident #1 had an increased fever and an accu-check of six-hundred forty-eight (648) mg/dl along with an occluded indwelling urinary catheter. The ER Director stated he felt Resident #1 did not become this ill in a short period and that Resident #1's condition changes should have been observed by the facility as the resident's condition deteriorated. Interview with the Director of Nursing (DON), on 09/08/16 at 8:15 AM, revealed she expected LPN #1 to have further assessed Resident #1 with the noted changes in condition, provided the necessary care and services, notify the physician of the condition changes and follow the care plans for Resident #1. The DON also stated it was not acceptable for a licensed staff to write a physician's orders [REDACTED]. The DON stated the facility had terminated LPN#1's employment at the facility due to LPN #1's negligence in performance of her job duties. **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 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 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; 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 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. 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

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	185312	A. BUILDING _____ B. WING _____	**09/21/2016**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BARKLEY CENTER	**4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001**

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0281 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 7) 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, 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 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 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 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. 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 0282 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	**Provide care by qualified persons according to each resident's written plan of care.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, review of the hospital reports, and facility policies and procedures, it was determined the facility failed to provide care in accordance with the written plan of care for one (1) of four (4) sampled residents

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

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F 0282 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 8) (Resident #1). 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 to 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 blood glucose findings related to accu-checks greater 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: 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. 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 (LPN) #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) 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 sediment and a purulent drainage in the catheter drainage tubing. 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 09/02/16 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. **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 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 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:

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F 0282 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(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 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 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. 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, 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 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 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

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	185312	A. BUILDING _____ B. WING _____	09/21/2016

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.

(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 jeopardy **Residents Affected -** Few	(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. 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.
F 0309 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	**Provide necessary care and services to maintain the highest well being of each resident** **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. 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 REDACTED]. 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 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 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 assessed the resident and/or notified the physician of the accu-check above 400 mg/dl per facility policy. In addition, LPN #1 initialed the MAR 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 again; however, there was 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 on 08/28/16 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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0309 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 11) or in the catheter tubing or drainage bag. Further review of the Output Records revealed on 08/28/16, Resident #1 had no output from his/her urinary catheter on the 3:00 PM-11:00 PM shift. Review of Resident #1's clinical record, revealed there was no documented evidence licensed staff had conducted an assessment related to the resident's decreased urinary output. 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 awaken. CNA #1 stated a nurse from another unit, Registered Nurse (RN) #1 was in the room feeding Resident #1's roommate supper. She notified RN #1 of 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 this 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 awaken. 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. 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 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 Hospital History and Physical, dated 08/29/16, revealed, This patient is critically ill. (He/she) came in sick last time, but is actually much sicker now. (He/she) is at a very high risk for deterioration. He/she did come in a very concerning shape and therefore social services to be notified. Further review of the History and Physical, revealed this resident had a history of [REDACTED]. It was also noted the resident's diabetes was uncontrolled. Review of Hospital Discharge Summary, dated 09/01/16, revealed Resident #1 was was hospitalized for [REDACTED]. Further review of this Discharge Summary, revealed Resident #1 was found at the Nursing Facility unresponsive, the indwelling urinary catheter was blocked and had to be changed at the ER and during the catheter change, the resident had Frank Pus noted. The Summary also noted the resident had poor oral hygiene. Resident #1 had to be suctioned to remove the material from his/her mouth. 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 on 08/27/16 and 08/28/16. She stated she obtained accu-checks 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 accu-check results 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, nor did she notify the physician. LPN #1 stated that in hindsight maybe she should have called the resident's physician when she noted these elevated accu-check results, but she felt the resident's blood sugars would come down because she had stopped Resident #1's Gastrostomy Tube feeding at intervals thinking that would bring the resident's blood sugar down. However, further interview revealed she did not have a physician's orders [REDACTED]. LPN #1 further stated she did not perform Resident #1's scheduled 8:00 PM accu-check on 08/28/16 until 10:00 PM, two (2) hours after it was scheduled. She stated the results of that late accu-check read HI. LPN #1 stated at the time of obtaining Resident #1's scheduled 8:00 PM accu-check at 10:00 PM on 08/28/16, that she also noticed the resident felt warm. At this time, she took the resident's temperature, which was 105.4 degrees F. LPN #1 stated Resident #1 had been running a fever since 08/27/16. She stated she did not call the physician at this time. LPN #1 stated because of the elevated temperature and accu-check, she sent the resident to the ER after notifying Resident #1's spouse. She also 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 the facility had multiple policies and she could not remember the specifics of all the policies off hand. Interview with Paramedic #1, on 09/08/16 at 9:26 AM, revealed she was the paramedic that was called and transported Resident #1 to theER on [DATE]. She stated upon arrival LPN #1 could not provide any pertinent information about Resident #1 in regards to an overall assessment of the resident's condition other than Resident #1 had a high fever and increased accu-check. She further stated LPN #1 mentioned Resident #1 had a fever the night before on Saturday 08/27/16. She also stated, upon assessing Resident #1 it was noted that Resident #1 had cream and powder all over his/her indwelling urinary catheter with green drainage noted all over the perineal area and on the catheter also. She stated Resident #1 had a much distended abdomen and only about 10 milliliters of urine in the catheter drainage bag. Paramedic #1 stated Resident #1 had green sputum coming out of his/her nose and mouth. She stated LPN #1 stated, She was sorry the resident was in such bad shape but it had been busy. Interview with the ER Director on 09/07/16 at 11:00 AM, revealed Resident #1 presented to theER on [DATE] with a chief complaint of unresponsiveness. He stated this resident responded to painful stimuli only. The ER Director stated Resident #1 arrived to the ER with purulent thick green sputum in his/her nose, mouth, and purulent drainage coming from the resident's urinary catheter insertion site. He stated Resident #1 had an increased fever and an accu-check of six-hundred forty-eight (648) mg/dl along with an occluded indwelling urinary catheter. The ED Director stated he felt Resident #1 did not become this ill in a short period and that Resident #1's condition changes should have been observed by the facility as this resident's condition deteriorated. 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 would have expected licensed staff to have assessed Resident #1 thoroughly upon noting the condition changes the resident was experiencing and to have notified him of these changes. Interview with the Director of Nursing (DON) on 09/08/16 at 8:15 AM, revealed she expected LPN #1 to have further assessed Resident #1 with the noted changes in condition, provided the necessary care and services, notify the physician of the condition changes and follow the care plans for Resident #1. Interview with the facility's Administrator on 09/08/16 at 08:30 AM, revealed she would have expected staff to have provided the necessary care and services needed to take care of Resident #1. She stated she expected all staff to follow facility policy and procedures. **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 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

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F 0309 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 12) 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' 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; 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 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. 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, 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 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 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

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	185312	A. BUILDING _____ B. WING _____	09/21/2016

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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0309 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 13) 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 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 identif
F 0315 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	**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 restore normal bladder function.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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). 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 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 09/20/16, 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 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 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 amount. 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. 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 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 or drainage bag. 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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F 0315 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 14) completed so the Treatment Administration Record (TAR) could be initialed. He stated the CNAs record the output and should inform the nurse if there was a decline in output. Interview with Paramedic #1, on 09/08/16 at 9:26 AM, revealed she arrived at the facility to transport Resident #1 to theER on [DATE]. She stated upon arrival LPN #1 could not provide any pertinent information about Resident #1 in regards to an overall assessment of the resident's condition other than the resident had a high fever and increased accu-check; and had a fever the night before on Saturday 08/27/16. She also stated, upon assessing Resident #1 it was noted that the resident had cream and powder all over his/her indwelling urinary catheter with green drainage noted all over the perineal area and also on the catheter. She stated Resident #1 had a very distended abdomen and only about 10 milliliters of urine in the catheter drainage bag. Interview with the ER Director, on 09/07/16 at 11:00 AM, revealed Resident #1 presented to theER on [DATE]. He stated Resident #1 had an increased fever and an occluded indwelling urinary catheter with green purulent drainage coming out of the catheter insertion site. He stated the catheter was changed at the ER and when the catheter was removed, frank pus came out as urinary output. He also stated upon Resident #1's arrival to the ER, [MEDICAL CONDITION] screen was performed and it came back positive [MEDICAL CONDITION]. Interview with the Director of Nursing (DON), on 09/21/16 at 2:26 PM, revealed the licensed staff initial on the TARs that catheter care was done. She stated licensed staff were supposed to observe the catheter care being done or provide it themselves if they were unable to observe it. She further stated the licensed nurses were responsible to look at the output results of the residents during their shift to determine if there was a change and a possible need to notify the physician. **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 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 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; 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 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. 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, 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

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F 0315 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 15) 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 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 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 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. 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 0490 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	**Be administered in an acceptable way that maintains the well-being of each resident .** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of the facility's Administrator's Job Description, it was determined the facility failed to be administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental and psychosocial well-being for one (1) of four (4) sampled residents (Resident #1). The Administrator was aware the facility had past deficient practice related to revising the care plan, implementing the care plan, ongoing assessments with change in condition and care of a resident with catheters (F280, F282, F309, and F315). However, when Resident #1 was hospitalized from [DATE] through 08/09/16 with [DIAGNOSES REDACTED]. plan was implemented related to catheter care; and, failed to ensure ongoing assessments were conducted to identify signs and symptoms of UTI/Sepsis after his/her return to the facility. The facility's failure to ensure the facility was administered in a manner that enabled it to use its resources effectively and efficiently to attain and maintain the highest practicable physical, mental and psychosocial well-being related to following facility policies and ensuring staff notified the physician with resident condition changes and provided the necessary care and services in a timely manner 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 findings include: Review of the facility's job description for the Center's Executive Director (Administrator), dated 01/01/16, revealed, the Administrator is to create an environment where staff members are highly engaged and are focused on providing the highest level of clinical care and [MEDICATION NAME] to residents and families; is responsible for assuring the Center operates in full compliance with Federal and State regulations while doing the right things, which will result in high levels of performance in each of the company's focus areas; is responsible for planning and is accountable for all activities and departments of the Center subject to rules and regulations promulgated by government agencies to ensure proper health care services to residents and administers, directs and coordinates all activities of the Center to assure the highest degree of quality of care is consistently provided to the residents. 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

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	185312	A. BUILDING _____ B. WING _____	09/21/2016

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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0490 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 16) further stated, she expected staff to have provided the necessary care and services needed to take care of Resident #1 and she expected all staff to follow the facility's policy and procedures. Further interview (Post Survey) with the Administrator, on 10/06/16 at 8:25 AM revealed she was looking at previous facility POCs; however, she was focused on the most recent POC from February 2016 (F155, F224, F281, F282 and F514). She stated she was trying to ensure the facillity had completed the audits and tools related to the POC. The Administrator stated, I was aware of the facility's history, but my immediate focus was on our most recent identified deficient practices which were from February 2016. Post Survey interview with the Regional Vice President of Operations (RVPO), on 09/29/16 at 11:40 AM, revealed there was no continued specific oversight ongoing or in place related to the past repetitive deficient practice. The RVPO stated the facility and regional team felt the past deficient practice had been corrected by following the Plan of Correction and with continued random audits performed by both the facility and the corporate team. **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 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 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; 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 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. 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, 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

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NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BARKLEY CENTER	4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001

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F 0490 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(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. 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 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 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. 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 0493 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	**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** 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 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 ' 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

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F 0493 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 18) to the level they expect. Further interview (Post Survey) with the Regional Vice President of Operations, on 09/29/16 at 11:40 AM, revealed there was no continued specific oversight ongoing or in place related to the past repetitive deficient practice the facility had been 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. She stated the oversight had been discontinued related to the repeated deficiencies. She also stated, if the corporate team or facility would have identified any concerns or problems in relation to repeat past deficient practice the facility would have implemented a plan of action to resolve the issues identified and then there would have been oversight implemented once again. However, the Governing Body failed to identify the facility's inability to sustain compliance in these areas. **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 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 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; 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 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. 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, 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185312	A. BUILDING _____ B. WING _____	09/21/2016

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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0493 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(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 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 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 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. 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 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	**Keep accurate, complete and organized clinical records on each resident that meet professional standards** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 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]. 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. 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 objective. Record review revealed the facility admitted Resident #1 on 03/16/16 with [DIAGNOSES REDACTED]. Review of 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

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F 0514 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(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 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, 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, revealed LPN #1 found Resident #1 at 10:00 PM on 08/28/16 to be unresponsive with a temperature of 105.4 degrees Fahrenheit (F) and an accu-check result of HI (greater than 600). Interview with Registered Nurse (RN) #1 on 09/06/16 at 10:25 AM, revealed she did have an explanation as to why she did not 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 09/07/16 at 3:00 PM, revealed she had no explanation why she failed to document Resident #1's condition 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 elevated temperature of 105.4 and accu-check result of HI. She stated she had no explanation as to why she did not chart 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 2:30 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 08/28/16 and she would have expected LPN #1 to document the exact reason Tylenol was given and the follow up results of the Tylenol. **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 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 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; 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 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. 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

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F 0514 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(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 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 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 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 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. 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 0520 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	**Set up an ongoing quality assessment and assurance group to review quality deficiencies quarterly, and develop corrective plans of action.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 appropriate plans of action to correct quality deficiencies. This was evidenced by repeated deficiencies at F280, F282,

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	185312	A. BUILDING _____ B. WING _____	09/21/2016

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.

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F 0520 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 22) F309, and F315. The facility's failure to have an effective Quality Assessment and Assurance Program to identify and implement appropriate plans of action to correct identified quality deficiencies related was 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 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 facility's policy Center Quality Improvement Process revised 04/01/03, revealed the Administrator directs the development of the Quality Improvement Plan and is responsible for development, maintenance and ongoing evaluation of an active and effective Quality Improvement Committee. The policy further revealed, it is the responsibility of the Quality Improvement Committee to assess and evaluate Survey results and Plans of Correction. 1. Based on interview and record review, it was determined the facility failed to ensure the Comprehensive Plan of Care was reviewed and revised to reflect response to care and changing needs/goals (Refer to F-280). 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 the facility's Plan of Correction (POC), with a compliance date of 10/15/15, revealed beginning on 09/18/15 the Administrator, DON, Activities Director, Social Services Director or licensed nurse were to review care plans to ensure timely revision of care plans to reflect responses to care and changing needs/goals three (3) times a per week for four (4) weeks, then as determined by the monthly Quality Improvement Committee with corrective action upon discovery by the Nurse Practice Educator, RN, DON or Administrator. Interview with the DON, on 09/08/16 at 8:15 AM, record review and review of the facility's Care Plan Policy, revealed, on 08/09/16 after return from a hospital stay, facility staff failed to review and revise Resident #1's Comprehensive Care Plans related to recent condition changes which required Resident #1 to be hospitalized . Resident #1 was again admitted to the hospital on [DATE] with virtually the same conditions related to the hospitalized from [DATE] through 08/09/16. 2. Based on interview and record review, it was determined the facility failed to ensure services were provided in accordance with resident's Comprehensive Plan of Care (Refer to F282). This was a repeat deficiency for the facility, which was cited during an Abbreviated Survey conducted 09/08/15 through 09/18/15, and an Abbreviated Survey conducted 01/28/16 through 02/13/16. Review of the facility's POC, with a compliance date of 10/15/15, revealed beginning on 09/17/16 the DON, Nurse Practice Educator or licensed nurse would observe residents with urinary catheters to ensure the care plans were followed related to monitoring urinary output which includes the odor, color, consistency, and amount across all shifts for fourteen (14) days including weekends, then three (3) times per week times two (2) weeks then as determined by the monthly Quality Improvement Committee with corrective action upon discovery. Review of the facility's POC, with a compliance date of 03/15/16, revealed beginning on 02/03/16, the Health Information Manager, Administrator, Nurse Practice Educator, DON, ADON, RN, LPN, Admissions Director, Payroll Benefits Coordinator or Social Services Director would interview at least five (5) non-licensed staff and or CNAs and at least three (3) licensed staff daily across all shifts for fourteen (14) days to include weekends then three (3) times per week for two (2) weeks then four (4) times per month for five (5) months then as indicated by the Quality Improvement Committee to validate that staff could articulate the purpose of the resident care plan. Interview with the DON, on 09/08/16 at 8:15 AM, record review and review of the facility's Care Plan Policy, revealed on 08/27/16 and on 08/28/16, facility staff failed to implement Resident #1's Comprehensive Plans of Care related to interventions to: monitor for signs and symptoms of infection and report to physician; monitor output for odor, color, consistency and amount and monitor urine for sediment, cloudy, odor, blood and amount and monitor for signs and symptoms of hyper/[DIAGNOSES REDACTED] and report abnormal findings to physician. 3. Based on interview, record review and review of the facility's policies, it was determined the facility failed to ensure resident's received 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 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 the facility's POC, with a compliance date of 10/15/15, revealed beginning on 09/18/15, the DON, Nurse Practice Educator, RN Supervisor or Charge Nurse would review residents with a change of condition and audit that change of condition by completing head to toe assessment and documenting on an audit tool that verifies the change of condition is accurately documented and followed up on timely daily times fourteen (14) days to include weekends, then three (3) times a week for two (2) weeks, then as determined by the Quality Improvement Committee with corrective action upon discovery. Interview with the DON on 09/08/16 at 8:15 AM, record review and review of the facility's policies, Diabetic Care Protocol, dated 08/01/15 and Physician/Mid-level Provider Notification revised 03/15/16, revealed staff failed to follow the policies as related to monitoring for and reporting to Resident #1's physician, signs and symptoms of [MEDICAL CONDITION] and signs and symptoms of infection. 4. Based on interview, record review and review of the facility's policies, it was determined the facility failed to provide appropriate treatment and services to identify complications of an indwelling urinary catheter (Refer to F315). 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 the facility's POC, with a compliance date of 10/15/15, revealed beginning on 09/18/15 the DON, Nurse Practice Educator or licensed nurse would review all residents with urinary catheters for signs and symptoms of a Urinary Tract Infection [MEDICAL CONDITION] with appropriate treatment across all shifts daily for fourteen (14) days including weekends, then three (3) times per week for two (2) weeks, then as determined by monthly Quality Improvement Committee to ensure appropriate treatment for [REDACTED]. Interview with the DON on 09/08/16 at 8:15 AM, record review and review of the facility's policy Catheter: Indwelling Urinary - Care of, last revised 01/02/14, revealed the facility failed to identify and notify the physician of signs and symptoms of a Urinary Tract Infection [MEDICAL CONDITION]. Resident #1 had to be hospitalized do to being critically ill and was hospitalized with a [DIAGNOSES REDACTED]. Interview with the Administrator, on 09/08/16 at 8:30 AM, who was over the facility's Quality Assurance (QA) Committee, revealed the facility had not identified any concerns with the reviewing and revising of resident care plans, care plan implementation, staff providing the necessary care and services, and staff providing appropriate indwelling urinary catheter care during the monthly Quality Improvement Committee meetings. Post Survey nterview with the Regional Vice President of Operations (RVPO), on 09/29/16 at 11:40 AM, revealed there was no continued specific oversight ongoing or in place related to the past repetitive deficient practice. The RVPO 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. **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 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

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F 0520 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(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 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 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; 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 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. 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, 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 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 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

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F 0520 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(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 #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. 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.