STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185003	A. BUILDING _____ B. WING _____	**03/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LAUREL HEIGHTS HOME FOR THE ELDERLY	**208 WEST TWELFTH STREET LONDON, KY 40743**

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 0656 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, policy review, and review of the facility's investigation, it was determined that the facility failed to implement the plan of care for one (1) of thirty (30) sampled residents (Resident #130). The facility assessed Resident #130 to be at risk for falls and developed interventions that included placing the resident on the Guardian Angel Falls Program. However, review of the monitoring sheets for the Guardian Angel Falls Program revealed facility staff had failed to sign the Angel monitoring sheets as directed by the facility policy. The findings include: Review of the facility policy titled Guardian Angel Falls Program, revealed the goals of the program are to reduce the number of falls in the facility and to improve residents' quality of life. Further review revealed staff will check on the resident six (6) to eight (8) times per shift and sign the activity sheet that is left in the room. Review of the facility policy titled Care Plans-Comprehensive, dated 01/16/2019, revealed the comprehensive care plan is based on a thorough assessment and identifies the professional services that are responsible for each element of care. Review of Resident #130's medical record revealed the facility admitted the resident on 10/15/2019 with [DIAGNOSES REDACTED]. Review of the Quarterly Minimum Data Set ((MDS) dated [DATE] revealed the facility assessed the resident to have a Brief Interview for Mental Status score of nine (9), which indicated the resident had moderately impaired cognition. Further review revealed the resident was assessed to require extensive assistance with ambulation. Additional review of the MDS revealed the resident had experienced falls since admission to the facility. Review of the comprehensive care plan revealed the facility identified the resident to be at risk for falls, and placed him/her on the Guardian Angel Falls Program. Review of a resident accident/incident report dated 11/18/2019 revealed the resident was placed on the Guardian Angel Falls Program after sustaining a non-injury fall. Review of the facility's Angel Sign Sheet revealed the following: for November 2019, there were seven (7) days that staff failed to initial and document per facility policy for the entire day; December 2019, eighteen (18) days staff failed to initial and document monitoring of the resident; January 2020, twelve (12) days staff failed to document and sign; and for February 2020, (7) seven days staff failed to initial and document. Interview with Resident #130 on 03/05/2020 at 1:29 PM revealed he/she is aware to call for staff when assistance is needed. Per Resident #130, he/she does not want to ask for help all the time. Resident #130 stated he/she was getting exercise to build strength and planned to return home soon. Per the resident, he/she did not get hurt from the fall and he/she is able to care for himself/herself. Interview with SRNA #4 on 03/05/2020 at 4:35 PM revealed staff should review the resident Kardex to determine the resident's care needs. SRNA #4 was knowledgeable of the Guardian Angel Falls Program and stated any staff member can check on the resident and sign the Angel sign-in sheet. Interview with SRNA #3 on 03/05/2020 at 4:43 PM revealed she had been trained to check on residents who are on the Guardian Angel Falls Program at least hourly if possible. SRNA #3 reported any staff member could check on the resident and document the check. SRNA #3 acknowledged that staff should look at the Kardex to determine resident's care needs. Interview with Registered Nurse (RN) #2 on 03/05/2020 at 4:50 PM revealed the expectation is that any staff member can check on residents who are on the Guardian Angel Falls Program and sign the sheet. SRNAs and nurses should review the care plan if there is any question about a resident's care needs. The RN stated no concerns had been identified with staff not signing the Guardian Angel check sheet. Interview with RN #3, Unit Manager, on 03/05/2020 at 5:04 PM revealed the expectation is that staff will follow the resident's plan of care when providing care. RN #3 makes rounds daily to monitor resident care and spot checks the sign sheets of Guardian Angel residents and had not identified any concern related to the sign sheets not being completed.
F 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** Based on observation, interview, and facility policy review it was determined the facility failed to distribute food in accordance with professional standards for food service safety. The findings include: Review of the facility policy titled In-Room Dining (Room Service), dated 2019, revealed, All foods should be covered and delivered as soon as possible after plating to maintain food quality and temperature. The facility also presented the policy titled Accuracy and Quality of Tray Line Services, dated 2019; however, it did not address covering of foods. Observation of the lunch tray line on 03/03/2020 at 10:00 AM revealed the resident meal trays were loaded with desserts and bread products that were not covered. Observation on 03/03/2020 at 11:07 AM of the meal cart on the Lower Basement (LB) level revealed meal trays delivered from the kitchen and served to residents with bread and dessert not covered. Observation on 03/03/2020 at 11:38 AM of the main floor dining room revealed meals were delivered to residents with the desserts and bread not covered. Observation on 03/03/2020 at 10:50 AM of meal trays on 2D level and Shepard's Cove revealed the meals were delivered to residents with the desserts and breads not covered. Interview on 03/03/2020 at 3:00 PM with the Dietary Manager revealed she had been the manager for several months. She stated dietary staff cover the residents' food to keep it warm. She further stated that staff put lids on the bowls and cups of liquids to keep them from spilling and agreed the lids also kept anything from falling into the food. She stated that they had always distributed the desserts and bread without covering them, but understood that not covering the dessert and bread could allow contaminants to fall into the food. Interview on 03/04/2020 at 10:30 AM with the Administrator revealed the Dietary Manager had informed her of the issue and was working with her vendor for a solution.

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

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