STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185169	A. BUILDING _____ B. WING _____	07/10/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SIGNATURE HEALTHCARE AT JEFFERSON MANOR REHAB & WE	1801 LYNN WAY LOUISVILLE, KY 40222

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, and record review, it was determined the facility failed to implement the care plan for two (2) residents, Residents #3 and #4. Observations revealed facility-provided meal trays did not contain the care planned adaptive utensils or equipment. The findings include: Review of facility policy Comprehensive Care Plans (CCP), revised 07/19/18, revealed the person-centered Comprehensive Care Plan included measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs and was developed for each resident. Additionally, the CCP included how the facility assisted the resident to meet their needs, goals and preferences and included specialized services. Review of facility policy Adaptive Equipment - Feeding Devices, revised 08/30/19, revealed adaptive feeding equipment was used by residents who needed to improve their ability to feed themselves. Review of facility record revealed the facility readmitted Resident #3 on 01/23/2020 with [DIAGNOSES REDACTED]. Review of the Physician order [REDACTED]. Divided plate and a ninety (90) degree spoon. Review of the CCP revealed the problem resident has a potential for nutritional risks, secondary to the following conditions: Diabetes Mellitus Type 2, Dementia, and High BMI (body mass index). An approach for this problem listed to provide diet as ordered. Observation during lunch service, on 07/02/2020 at 12:20 PM, revealed Resident #3's tray contained no ninety (90) degree spoon and the resident was utilizing a regular teaspoon to eat. Review of the tray card specified the tray required a ninety (90) degree spoon. Review of facility record revealed the facility readmitted Resident #4 on 02/13/19 with [DIAGNOSES REDACTED]. Review of the Physician order [REDACTED]. Review of the CCP revealed a problem nutritionally at risk related to therapeutic diet and noncompliance with diet. Risk for alterations in fluid maintenance related to heart failure with diuretic use. Approaches for the Problem included diet as ordered. Observation during lunch service, on 07/02/2020 at 12:37 PM, revealed Resident #4's tray contained a cup of water and a cup containing a light yellow liquid. Interview with Certified Nursing Assistant (CNA) #1, on 07/02/2020 at 1:00 PM, revealed CNA's were responsible to insure resident meal trays included the correct adaptive equipment. CNA #1 stated adaptive equipment was necessary to enable a resident to eat better and prevent potential choking. Interview with Licensed Practical Nurse (LPN) #2, on 07/08/2020 at 1:19 PM, revealed all staff were responsible to insure the resident's meal trays contained the ordered and care planned adaptive utensils. LPN #2 stated adaptive utensils were necessary to insure a resident did not potentially lose nutrition. LPN #2 stated the care plan was not implemented if staff did not provide the ordered and care planned adaptive equipment. Interview with LPN #4, on 07/09/2020 at 3:25 PM, revealed staff developed resident care plans with goals and guidelines to meet the goals and if staff did not provide care planned adaptive equipment then staff did not implement the care plan. Interview with Green Unit Manager (Green UM), on 07/08/2020 at 4:04 PM, revealed resident care plans directed staff on the care necessary for the resident and staff implemented the care plan to provide good and necessary care. The Green UM stated staff individualized resident care plans to meet the care needs of the resident and all staff were responsible to insure meal trays contained the ordered adaptive equipment. Interview with the Blue Unit Manager (Blue UM), on 07/09/2020 at 2:55 PM, revealed staff individualized care plans to each resident to address the resident's medical needs. The Blue UM stated CNA's were responsible to insure adaptive equipment was included on resident meal trays. Interview with the Dietary Manager (DM), on 07/09/2020 at 2:01 PM, revealed dietary staff initially prepare resident trays, including providing adaptive equipment as ordered. The DM stated adaptive equipment was necessary to help the resident eat and failure to provide adaptive equipment may hinder a resident from eating or drinking properly. Interview with the Director of Nursing (DON), on 07/10/2020 at 8:45 AM, revealed all staff were responsible to insure resident meal trays contained adaptive equipment as ordered. Interview with the Administrator, on 07/10/2020 at 9:42 AM, revealed she was unaware of any issue with residents receiving adaptive equipment with meal trays. The Administrator stated the facility audited orders to meal tray cards but did not specify if the facility audited meal tray cards to the meal tray provided to residents.
F 0761 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined the facility failed to ensure drugs and biologicals were stored in a professional standard to prevent the presence of expired items. Observations revealed expired normal saline solution and sterile saline solution present in the emergency carts. In addition, continued observation revealed expired medical supplies including oxygen tubing and intravenous (IV) start kits. The findings include: Review of facility policy Emergency Carts, reviewed [DATE], revealed the facility insured emergency equipment was readily available and the emergency cart and staff audited the carts daily and restocked as indicated. Observation of the emergency cart on Blue Unit, on [DATE] at 1:49 PM, revealed a one (1) liter bag of normal saline with an expired date, a one hundred (100) milliliter container of sterile saline with an expiration date of [DATE]. Additional observations revealed an IV start kit with an expiration date of [DATE], and an IV tubing administration set with an expiration date of ,[DATE]. Observation of the emergency cart on the Green Unit, on [DATE] at 2:40 PM, revealed a one hundred (100) milliliter container of sterile saline solution with an expiration date of [DATE] and an IV start kit with an expiration date of [DATE]. Interview with Blue Unit Manager (Blue UM), [DATE] at 1:49 PM, revealed staff should check for product expiration dates when auditing emergency carts and indicated all items listed on the inventory should be present and unexpired. The Blue UM stated an expired item may not have the effect as intended and sterility was not guaranteed. Interview with the Green Unit Manager (Green UM), on [DATE] at 2:40 PM, revealed staff should check product expiration dates when auditing the emergency carts. The Green UM stated expired items might not have the same efficacy as intended; and use of expired items may delay care and a resident status may decline. Interview with Licensed Practical Nurse (LPN) #2, on [DATE] at 1:19 PM, revealed staff audited emergency carts to insure items were stocked appropriately and not expired. LPN #2 stated using expired items might lead to an allergic reaction, and a delay in care. Interview with the Director of Nursing (DON), on [DATE] at 8:45 AM, revealed she was unaware the facility emergency cart audit checklist did not prompt staff to audit product for an expiration date. The DON stated she was unaware of any issues concerning the facility emergency carts. Interview with the Administrator, on [DATE] at 9:42 AM, revealed she was unaware of any issues surrounding the facility emergency crash carts.
F 0810 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide special eating equipment and utensils for residents who need them and appropriate**

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185169	A. BUILDING _____ B. WING _____	**07/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SIGNATURE HEALTHCARE AT JEFFERSON MANOR REHAB & WE	**1801 LYNN WAY LOUISVILLE, KY 40222**

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 0810 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	(continued... from page 1) **assistance.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined the facility failed to provide special eating equipment and utensils for two (2) residents, Residents #3 and #4. Observations revealed facility-provided meal trays did not contain the ordered adaptive equipment. The findings include: Review of facility policy Adaptive Equipment - Feeding Devices, revised 08/30/19, revealed adaptive feeding equipment was used by residents who needed to improve their ability to feed themselves. Review of facility record revealed the facility readmitted Resident #3 on 01/23/2020 with [DIAGNOSES REDACTED]. Review of the Physician order [REDACTED]. Divided plate and a ninety (90) degree spoon. Review of the CCP revealed the problem resident has a potential for nutritional risks, secondary to the following conditions: Diabetes Mellitus Type 2, Dementia, and High BMI (body mass index). An approach for this problem listed to provide diet as ordered. Observation during lunch service, on 07/02/2020 at 12:20 revealed Resident #3's tray contained no ninety (90) degree spoon and the resident was utilizing a regular teaspoon to eat. Review of the tray card specified the tray required a ninety (90) degree spoon. Review of facility record revealed the facility readmitted Resident #4 on 02/13/19 with [DIAGNOSES REDACTED]. Review of the Physician order [REDACTED]. Review of the CCP revealed a problem nutritionally at risk related to therapeutic diet and noncompliance with diet. Risk for alterations in fluid maintenance related to heart failure with diuretic use. Approaches for the Problem included diet as ordered. Observation during lunch service, on 07/02/2020 at 12:37 PM, revealed Resident #4's tray contained a cup of water and a cup of a light-yellow colored liquid. Interview with Certified Nursing Assistant (CNA) #1, on 07/02/2020 at 1:00 PM, revealed CNA's were responsible to insure resident meal trays included the correct adaptive equipment. CNA #1 stated adaptive equipment was necessary to enable a resident to eat better and prevent potential choking. Interview with Licensed Practical Nurse (LPN) #2, on 07/08/2020 at 1:19 PM, revealed all staff were responsible to insure the resident's meal trays contained the ordered adaptive utensils and devices. LPN #2 stated adaptive utensils were necessary to insure a resident did not potentially lose nutrition. Interview with Green Unit Manager (Green UM), on 07/08/2020 at 4:04 PM, revealed all staff were responsible to insure meal trays contained the ordered adaptive equipment. Interview with the Blue Unit Manager (Blue UM), on 07/09/2020 at 2:55 PM, revealed CNA's were responsible to insure adaptive equipment was included on resident meal trays. Interview with the Dietary Manager (DM), on 07/09/2020 at 2:01 PM, revealed dietary staff initially prepare resident trays, including providing adaptive equipment as ordered. The DM stated adaptive equipment was necessary to help the resident eat and failure to provide adaptive equipment may hinder a resident from eating or drinking properly. Interview with the Director of Nursing (DON), on 07/10/2020 at 8:45 AM, revealed all staff were responsible to insure resident meal trays contained adaptive equipment as ordered. Interview with the Administrator, on 07/10/2020 at 9:42 AM, revealed she was unaware of any issue with residents receiving adaptive equipment with meal trays. The Administrator stated the facility audited orders to meal tray cards but did not specify if the facility audited meal tray cards to the meal tray provided to residents.