

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185169	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE AT JEFFERSON MANOR REHAB & WE		STREET ADDRESS, CITY, STATE, ZIP 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 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, record review and review of policy, it was determined the facility failed to have an effective system to ensure clinical records were accurately documented to reflect the resident's assessment for three (3) of three (3) sampled residents (Resident #1, #2 and #3). Review of documentation of the residents' respiratory assessment for COVID-19 did not include the residents' oxygen saturation parameters. Interviews with staff revealed assessments for COVID-19 included to monitor residents' oxygen saturation levels for respiratory status. However, the staff stated they did not document it on the resident's medical record under vital signs nor did the facility include specific respiratory indicators on the resident's medical order for COVID-19 monitoring twice a day. The findings include: Review of the facility's policy, Novel Coronavirus (COVID-19), revised 08/31/2020, revealed the facility made routine observations for respiratory symptoms of COVID-19. The facility reviewed respiratory symptoms of all residents in the morning and afternoon clinical meetings. In addition, the facility would review the symptoms to ensure to monitor for respiratory illness. 1. Review of Resident #1 clinical record revealed the facility admitted the resident on 07/24/2020, with the [DIAGNOSES REDACTED]. Review of the resident's physician's orders [REDACTED]. Review of the resident's Treatment Administration Record (TAR) for August and September 2020 revealed the order included documentation of cough. However, review of the SOB record and the vital sign record revealed staff did not document the resident's oxygen saturation twice a day. Interview with Resident #1, on 09/08/2020 at 6:00 PM, revealed staff obtained oxygen saturation levels twice a day. The resident stated staff monitored the levels for COVID-19. 2. Review of Resident #2 clinical record revealed the facility admitted the resident on 06/04/2020, with the [DIAGNOSES REDACTED]. Review of the resident's physician's orders [REDACTED]. Review of the resident's Treatment Administration Record (TAR) for August and September 2020 revealed the order included documentation of cough. However, record review revealed the TAR, vital sign records and the SOB record did not include documentation of oxygen saturation, twice a day, related to COVID-19 monitoring. Interview with Resident #2, on 09/08/2020 at 5:00 PM, revealed the staff obtained oxygen saturations levels twice a day. 3. Review of Resident #3's clinical record revealed the facility admitted the resident on 05/07/18, with the [DIAGNOSES REDACTED]. Review of the resident's physician's orders [REDACTED]. Review of the resident's Treatment Administration Record (TAR) for August and September 2020 revealed the order included documentation of cough. However, the SOB record, revealed staff did not document oxygen saturation twice a day. Review of the resident's vital sign record revealed the facility staff did not document oxygen saturations twice a day daily. Interview with Licensed Practical Nurse (LPN) #1, on 09/08/2020 at 4:15 PM, revealed staff assessed a resident's status twice a day for respiratory symptoms related to COVID-19. She stated this included oxygen saturation levels. She stated the TAR did not have an area to document respiratory vital signs, including oxygen and respiratory rate. LPN #1 stated she did not put vital signs for the assessment in the resident's clinical record. She stated the facility would not be able to monitor for respiratory changes, and this piece of clinical information needed to be included for the clinical staff to review. Interview with Licensed Practical Nurse #2, on 09/08/2020 at 5:22 PM, revealed staff assessed a resident's status twice a day for respiratory symptoms related to COVID-19 as ordered by the physician. She stated an assessment included oxygen saturation levels. She stated resident the TAR's did not have an area to document respiratory vital signs, which included oxygen and respiratory rate. LPN #2 stated the facility staff monitored for respiratory changes twice a day and staff should document all respiratory related assessments. Interview with the Director of Nursing (DON), on 09/08/2020 at 6:30 PM, revealed her responsibilities included Infection Preventionist. She stated resident respiratory assessments included to monitor oxygen levels. She stated staff assessed residents twice a day for COVID-19 which included a full respiratory assessment. The DON stated staff were to document vital signs, which included oxygen saturation levels. She stated if the resident's oxygen saturations levels were not documented, as they were part of the respiratory assessment, then the facility could not review for abnormal levels. Further interview revealed if the resident's oxygen level trended lower without other symptoms the resident's and staff could be exposed to [MEDICAL CONDITION]. The Administrator was not available for interview. However, the DON stated she assumed the administrator's duties when he/she was not in the building.</p>		
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.