

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/14/2022
NAME OF PROVIDER OR SUPPLIER Franciscan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3625 Fern Valley Road Louisville, KY 40219	

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)
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>45849</p> <p>Based on record review, interview, and document review, the facility failed to accurately complete a Preadmission Screening and Resident Review (PASARR) for one (1) of one (1) resident, Resident #60, who was reviewed with a Mental Disorder (MD) or Intellectual Disability.</p> <p>Findings Included:</p> <p>A review of the document provided by the facility titled PASRR Quick Sheet. undated revealed New Admissions: If any of the following triggers a positive response, the level 1 (MAP 409) will be checked YES on section I and/or II and contact the PASARR office. Individual has a severe mental illness/behavioral health (BH) diagnosis. Ex: Schizophrenia, Bipolar Disorder, Major Depression Disorder, Anxiety Disorder, PTSD, etc.</p> <p>A review of Resident #60's Face Sheet revealed the facility admitted Resident #60 on 06/09/2022 with diagnoses that included Bipolar Disorder and Depression.</p> <p>A review of Resident #60's PASARR completed on 06/09/2022 revealed no diagnoses listed in Section two (2): Mental Illness diagnosis. Section two (2) instructions indicated to Identify whether the resident has a current diagnosis for or is suspected to have a major mental illness.</p> <p>A review of Resident #60's Admission Minimum Data Set (MDS) Assessment, dated 06/13/2022, revealed Resident #60 had a diagnosis of Bipolar Disorder and Depression. The MDS indicated that Resident #60 received an anti-psychotic medication and an anti-depressant medication during the review period.</p> <p>A review of Resident #60's Comprehensive Care Plan, with a start date of 06/15/2022, revealed Resident #60 presented with a diagnosis of Bipolar Disorder and demonstrated altered mood, affect, and behavior. The Care Plan revealed Resident #60 presented with a diagnosis of Depression and was at risk for psychosocial decline.</p> <p>In an interview on 07/12/2022 at 1:58 PM, Customer Service Specialist #1 (CSS #1) stated the Customer Service Specialists completed the new admission PASARR level one (1) reviews. CSS #1 stated she had previously worked at this facility for eight (8) years but was now training a new CSS in the position. CSS #1 stated that Resident #60's PASARR was completed by a CSS from another facility who had been helping at the facility in question. CSS #1 stated if Resident #60 had a diagnosis of Bipolar Disorder, it should have been listed on the level one (1) PASARR.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 07/13/2022 at 11:46 AM, the Director of Nursing (DON) stated that she did not oversee PASARRs. The DON stated that the Social Services Director oversaw that process.</p> <p>In an interview on 07/13/2022 at 12:02 PM, the Administrator stated the expectation for PASARR completion was for the admissions team to complete the level one (1) PASARR and scans the information into the system and, for those residents who triggered for level two (2) PASARR, Social Services took over. The Administrator stated that perhaps because the person completing the PASARR did not see bipolar specifically listed, she did not know it needed to go there.</p> <p>In an interview on 07/14/2022 at 8:45 AM, the Social Services Director stated that if the resident triggered for mental illness on the level one (1) PASARR, they submitted the level one (1) to the system and an appointment time for someone to come and conduct an evaluation was assigned to see if the resident required a level two (2) assessment, that they were appropriate for this level of care, and that the resident's mental health care needs could be met at this level of care.</p>		