

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/05/2014  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/21/2014
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NAME OF PROVIDER OR SUPPLIER  OAKVIEW NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10466 US HWY 62 CALVERT CITY, KY 42029
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey investigating (KY #22094) was conducted on 08/19/14 through 08/21/14 to determine the facility's compliance with Federal requirements. The complaint was substantiated with a deficiency identified at the highest S/S of a "D".</p>	F 000	<p>Oakview Nursing and Rehabilitation does not believe and does not admit that any deficiencies existed, before, during, or after the survey. Oakview Nursing and Rehabilitation reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings, or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and Oakview Nursing and Rehabilitation reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action, or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance, or self-critical examination privilege which Oakview Nursing and Rehabilitation does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. Oakview Nursing and Rehabilitation offers its responses, credible allegations of compliance as part of its ongoing efforts to provide quality of care to residents.</p>	
F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility policy it was determined the facility failed to provide an assistive device timely to prevent accidents for one (1) of three (3) sampled residents (Resident #2). Resident #2 was assessed to need a wedge cushion after a fall on 08/07/14 to prevent falls but the facility failed to obtain the wedge cushion timely and failed to put an intervention in place until the wedge cushion was received.</p> <p>The findings include: Review of the facility's Fall policy, dated 04/2012, revealed it was the intent of the facility to provide residents with assistance and supervision in an effort to minimize the risk of falls and fall related</p>	F 323	<p>obligation or position and Oakview Nursing and Rehabilitation reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action, or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance, or self-critical examination privilege which Oakview Nursing and Rehabilitation does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. Oakview Nursing and Rehabilitation offers its responses, credible allegations of compliance as part of its ongoing efforts to provide quality of care to residents.</p> <p>F 323</p> <p>I. On August 21, 2014 resident #2 had a personal alarm initiated when up in her wheelchair. The personal alarm was added to resident's care plan and c.n.a. care plan. Cushion ordered was received on August 27, 2014, once placed in resident's wheelchair it did not assist with her positioning. Therapy re-evaluated on 9/15/2014, elevated wheelchair seat And added a different cushion. Resident remains with personal alarm.</p>	9/19/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Patrick D. Hale</i>	TITLE Administrator  DATE 9/15/14
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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.

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F 323	<p>Continued From page 1 injuries.</p> <p>Record review revealed the facility admitted Resident #2 on 05/10/11 with diagnoses which included Anemia, Non-Alzheimer's Dementia, Depression, Anxiety, Hypertension, and Gait Instability. Review of the quarterly Minimum Data Set (MDS) assessment, dated 06/27/14, revealed the facility assessed Resident #2's cognition as severely impaired with a Brief Interview of Mental Status (BIMS) score of six (6) indicating the resident was not interviewable.</p> <p>Review of the Resident #2's Fall Risk Evaluation, dated 06/30/14, revealed the resident scored twenty (20) and a score of 10 or higher indicated the resident was at risk for falls.</p> <p>Review of the facility's Investigation Report, not dated, revealed on 08/07/14 at 3:20 PM, CNA #2 was pushing Resident #2 in his/her wheelchair out of the shower room, when she stopped and turned around to close the door. The resident leaned forward and fell out of the wheelchair and sustained a minimally displaced proximal fracture.</p> <p>Review of a Physician's Order, dated 08/08/14, revealed to refer Resident #2 to Occupational and Physical Therapy for positioning while in wheelchair.</p> <p>Interview with the Occupational Therapist (OT), on 08/21/14 at 3:05 PM, revealed the resident was referred to therapy on 08/08/14 due to a fall on 08/07/14. She stated the resident was assessed for improper positioning while up in wheelchair. She stated OT determined the resident required a wedge cushion for proper</p>	F 323	<p>II. On September 8, 2014 all resident's had "Fall Risk" evaluations reviewed and compared to current "BIM" score. This was completed by September 9, 2014. Residents identified with a "Fall Risk" score greater than 10 and a "BIMS" score of 8 or lower, have been identified as high risk for falls. The high risk residents identified have been assessed for possible need of assistance devices. Any residents identified as needing assistive devices have been evaluated and assistive devices put in place. All other residents who are not identified as high risk for falls have also been evaluated for need of assistive devices, with devices put into place as required. Any new assistive devices put in place have been added to resident's care plan as well as c.n.a. care plans. All falls from the past 6 months were reviewed by the DON to ensure that any and all interventions involving assistive devices were in place as discussed by the interdisciplinary team, completed by August 30<sup>th</sup> 2014.</p> <p>III. The Regional Therapy Director educated the facility Therapy Manager on September 9, 2014 ensuring that any assistive devices recommended by therapy be available to utilize or that until equipment can be obtained there will be an optional intervention put in place. All therapists were educated by the Therapy Manager on September 10, 2014, on recommending devices that are available and using devices that are available and using optional interventions. Any devices or equipment recommended by therapy, needing to be ordered, will go through the Central Supply</p>	

*Ratna S. W. Hah*

*Administrator*

*9/15/14*

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F 323	<p>Continued From page 2 alignment.</p> <p>Observation of Resident #2, on 08/19/14 at 4:00 PM, revealed Resident #2 was sitting in the lobby in his/her wheelchair; however, there was no wedge cushion in place.</p> <p>Interview with the Director of Nursing (DON), on 08/21/13 AT 6:20 PM, revealed Resident #2 was referred to OT for positioning in wheelchair and therapy recommended a wedge cushion to wheelchair. She stated the wedge cushion was not ordered until 08/15/14 and she expected there to be a quicker response related to the ordering of the wedge cushion. She revealed she expected the wedge cushion to be in place by now. Further interview revealed no other intervention was put in place to ensure the resident would not fall again until the cushion was received. She stated she would have expected a tab alarm to have been put in place to the resident's shoulder so it would sound if the resident leaned forward.</p>	F 323	<p>Development Coordinator will conduct education with all licensed nurses regarding initiating immediate fall interventions for all falls, including those that have been referred to therapy. The licensed nurses will notify the On Call nurse with all falls to ensure that a proper intervention has been identified and initiated immediately. Education with all licensed nurses will be completed on September 17, 2014. Any licensed nurse that did not complete the education by the 17<sup>th</sup> will receive prior to working their next shift.</p> <p>IV. All falls will be reviewed Monday through Friday during the morning clinical meeting to review interventions. Therapy referrals will be brought to the morning clinical meeting for follow up and recommendations. Any residents identified by therapy that requires an assistive device or equipment will ensure the device and or equipment is available at the time or that another intervention has been identified and in place until device is available. Any falls that occur during weekends or off hours will be reported to On Call nurse for immediate nursing interventions.</p> <p>V. All residents with a fall will be evaluated as well as medical record reviewed up to 72 hours post fall for interventions and any equipment or devices recommended are in place, or that an optional intervention is in place until equipment or device can be available. All admissions and re-admission charts and Residents will be evaluated and reviewed for their "Fall Risk" score and their "BIMS" score. Any resident identified with a "Fall Risk" score of 10 or greater and a "BIMS" score of 8 or lower will be evaluated for possible need of assistive devices to prevent a fall. The Director of Nursing will monitor and report findings daily, Monday through Friday, to the Interdisciplinary Team. The Director of Nursing will report findings to the QAPI committee monthly for 3 months. After 3 months, the QA/PI committee will Determine need for further monitoring.</p>		

*Patrick A. McWah*

*Administrator*

*9/15/14*