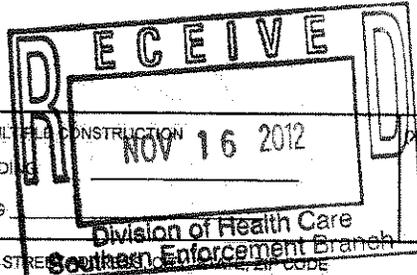


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/08/2012
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185221	(X2) MULTIPLE BUILDING CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/24/2012
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NAME OF PROVIDER OR SUPPLIER SALYERSVILLE NURSING AND REHABILITATION CENTER	STREET ADDRESS 571 PARKWAY DRIVE SALYERSVILLE, KY 41465
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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	INITIAL COMMENTS An abbreviated standard survey (KY19192) was conducted on 10/23-24/12. The complaint was substantiated. Deficient practice was identified at 'D' level.	F 000	F281 1. Resident #1 had no changes related to the accu check being completed after a meal. The Physician and Medical Director were notified by the DON on 10/24/2012 that the accu check was obtained after the meal began on 10/17/2012. No new orders noted.	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure services provided met professional standards of quality for one of three sampled residents (Resident #1). Resident #1 had physician's orders for accuchecks (blood glucose levels) to be obtained prior to meals and at bedtime; however, facility staff failed to ensure an accucheck was obtained on 10/17/12, prior to the noon meal, as ordered by the physician. The findings include: An interview with the Director of Nursing (DON) on 10/24/12, at 1:00 PM, revealed the facility did not have a specific policy related to obtaining accuchecks. However, according to the DON, accuchecks would be obtained by licensed staff as ordered by the physician. A review of the medical record for Resident #1 revealed the facility readmitted the resident on 06/03/12, with diagnoses that included Morbid	F 281	2. The DON (Director of Nursing)/UM (Unit Manager and ETD (Education and Training Director) will complete a one time audit of all Medication Administration Records (MARS) by 11/21/2012, that includes a 60 day look back of all diabetic orders (9-13-2012 through 11/13/2012) to identify any diabetic orders not transcribed correctly and/or obtained at the correct time per physicians orders. Any issue identified will be immediately corrected and reported to the physician and family. A random, unannounced, observation of 15 accu checks will be completed by the ETD by 11/22/2012 to identify any accu check not completed at the right time and per physicians order. Any issue identified will be immediately reported to the physician and family. 3. The ETD will re-educate all licensed nurses, verbally and by written competency, regarding	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Shawn Cot</i>	TITLE Administrator	(X6) DATE 11/16/12
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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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NAME OF PROVIDER OR SUPPLIER SALYERSVILLE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 571 PARKWAY DRIVE SALYERSVILLE, KY 41465
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F 281	<p>Continued From page 1</p> <p>Obesity and Diabetes Mellitus. A review of physician's orders dated 10/01/12 through 10/31/12, revealed the resident was to have "Accuchecks before meals and at bedtime."</p> <p>A review of Resident #1's Medication Administration Record (MAR) for October 2012 revealed on 10/17/12, the 11:30 AM area for documenting the resident's accucheck result and subsequent insulin administration at that time was darkened out, and there was not a blood glucose level/insulin dosage entered.</p> <p>An interview conducted on 10/23/12, at 5:20 PM, and on 10/24/12, at 1:08 PM, with Resident #1 revealed on 10/17/12, the resident's accucheck was not obtained by facility staff prior to the noon meal. Resident #1 stated an accucheck was obtained by staff prior to the morning meal and prior to the evening meal, but an accucheck was not obtained at any time in between.</p> <p>An interview was conducted on 10/24/12, at 1:20 PM, with the Licensed Practical Nurse (LPN) who was responsible for obtaining Resident #1's accucheck prior to the noon meal on 10/17/12. The LPN stated she was making rounds with the physician on 10/17/12, at 11:30 AM, and was unable to obtain the resident's accucheck prior to the resident eating the noon meal and failed to ask another staff member to obtain the resident's accucheck.</p> <p>An interview conducted on 10/24/12, at 2:15 PM, with the Unit Manager for Resident #1's unit revealed she had asked the LPN to make rounds with the physician on 10/17/12, but failed to consider that the LPN would be unable to obtain</p>	F 281	<p>following physicians orders, who to notify if all assigned tasks cannot be completed to ensure all physicians orders are followed and professional standards of care. This will be completed by 11/22/2012.</p> <p>The DON/ETD and /or UM will monitor 5 unannounced, random accu checks weekly x 4 weeks beginning 11/23/2012 to ensure accu checks are completed timely and per physicians order.</p> <p>The Unit Manager will verify diabetic orders are correctly transcribed to MAR by comparing order to MAR 5 x weekly x 4 weeks beginning the week of 11/22/2012.</p> <p>The Regional Nurse will monitor that diabetic orders are transcribed correctly by randomly reviewing 5 diabetic orders monthly and comparing to the TAR and noting time administered.</p> <p>Social Services will interview 3 cognitive diabetic residents weekly x 4 weeks beginning week of 11/22/2012 to ensure that insulin is administered timely and to note any issues with administration times. The DON will monitor interview results weekly.</p> <p>4. The QA Committee (consisting of Administrator, DON, Unit Managers, Social Services, Activities Department and Medical Director) will meet monthly beginning 11/2012 to review audit results and revise</p>	
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NAME OF PROVIDER OR SUPPLIER SALYERSVILLE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 571 PARKWAY DRIVE SALYERSVILLE, KY 41465		
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F 281	Continued From page 2 Resident #1's accucheck timely. The Unit Manager stated there was no specific procedure in place at the facility for ensuring resident needs were met and not delayed when a physician required the assistance of a nurse to make rounds in the facility. Interview with the DON revealed she had been unaware Resident #1's accucheck had not been obtained prior to the noon meal on 10/17/12, until 10/24/12.	F 281	plan as needed. The audits will continue until issue is resolved. 5. Date of Compliance 11/27/2012.		