

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

**RECEIVED**  
MAY 23 2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185230	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/17/2013
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  MOUNTAIN VIEW HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 945 WEST RUSSELL STREET ELKHORN CITY, KY 41522
--	--

(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
--------------------	--	---------------	---	----------------------

F 000	INITIAL COMMENTS  An abbreviated standard survey (KY20015) was conducted on 04/17/13. The complaint was unsubstantiated; however, deficient practice was identified at 'D' level.	F 000	<b>Tag # F 164</b>  This plan of correction is submitted under federal and state regulations and status applicable to long term care providers. This plan of correction does not constitute an admission of liability on part of the facility and such liability is hereby denied. The submission of this plan does not constitute an agreement by the facility that the surveyor's findings or conclusion are accurate, that the findings constitute a deficiency, or that the scope and severity regarding the deficiency are cited correctly. Furthermore, we request this plan of correction serve as our credible allegation of compliance.	
F 164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS  The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.  Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.  The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.  The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.  This REQUIREMENT is not met as evidenced	F 164	1. The Director of Nursing immediately provided education to the two State Registered Nurse Aides that provided the care to resident # 2 without providing privacy.  2. All residents have the potential to be affected by this practice. The Nursing Management Team has conducted an audit for all resident's to ensure that all aspects of privacy are maintained during any provision of care. This includes knocking before entering resident rooms; staff introducing themselves and explaining procedures prior to performing them; closing doors, privacy curtains, and blinds while	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Judith Brammer</i>	TITLE <i>Executive Director</i>	(X8) DATE <i>05/23/2013</i>
--	------------------------------------	--------------------------------

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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.

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

PRINTED: 05/21/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185230</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/17/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN VIEW HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>945 WEST RUSSELL STREET ELKHORN CITY, KY 41522</b>		
(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
F 164	<p>Continued From page 1</p> <p>by:</p> <p>Based on observation, interview, and review of the facility policy entitled "Resident Rights" and "Personal Hygiene Care for the Female Resident," the facility failed to ensure personal privacy was provided for one of three sampled residents (Resident #2). Observation on 04/17/13 at 2:25 PM revealed State Registered Nurse Aides (SRNAs) #1 and #2 failed to close the blinds on Resident #2's window before providing incontinence and peri-care to the resident.</p> <p>The findings include:</p> <p>A review of the Resident Rights policy (not dated) revealed staff was to treat each resident with consideration, respect, and full recognition of his/her dignity and individuality, and to maintain privacy for each resident when personal care was provided.</p> <p>A review of the Personal Hygiene for the Female Resident policy (not dated) revealed Step 3 of the procedural steps was to provide privacy for residents.</p> <p>Observation on 04/17/13 at 2:25 PM revealed SRNAs # 1 and #2 provided incontinence/peri-care to Resident #2. However, the SRNAs failed to close the window blinds on the window near the resident's bed when they provided the incontinence/peri-care. Further observation revealed a construction worker picking up trash from the ground near the outside of Resident #2's window.</p> <p>Interview on 04/17/13 at 2:45 PM with Resident</p>	F 164	<p>providing care; ensuring that dignity is maintained at all times; allowing resident's to use the cordless telephones in their room to allow for private conversations with their family and friends; compliance with HIPAA regulations in regards to their personal and medical information, etc. No personal privacy issues were identified during these audits.</p> <p>3. All staff was in-serviced on April 17, 2013 regarding providing privacy for resident's during any provision of care. All staff will be inserviced regarding privacy upon hire, annually, and as needed. This includes knocking before entering resident rooms; staff introducing themselves and explaining procedures prior to performing them; closing doors, privacy curtains, and blinds while providing care; ensuring that residents personal dignity is maintained at all times; allowing resident's to use the cordless telephones in their room to allow for private conversations with their family and friends; compliance with HIPAA regulations in regards to their personal and medical information, etc.</p> <p>4. The Director of Nursing/Nursing Management Team will observe and complete 5 audits daily to ensure</p>	

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

PRINTED: 05/21/2013  
FORM APPROVED  
OMB NO. 0938-0391

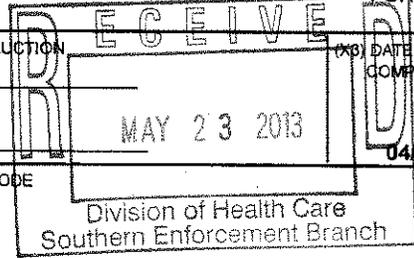
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185230</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/17/2013</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN VIEW HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>945 WEST RUSSELL STREET ELKHORN CITY, KY 41522</b>
---	--

(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
--------------------	--	---------------	---	----------------------

F 164	<p>Continued From page 2</p> <p>#2 revealed the resident was not aware the staff had not closed the blinds on the window, and would have felt embarrassed if he/she had been exposed to anyone inside or outside the room.</p> <p>Interview on 04/17/13 with SRNA #1 at 2:32 PM and SRNA #2 at 2:34 PM revealed staff always closed the blinds on the windows of residents when providing care; however, the SRNAs stated they were nervous and forgot to close the window blinds.</p> <p>Interview on 04/17/13 at 4:55 PM with the Administrator and Director of Nursing (DON) revealed staff had been trained multiple times to provide privacy to residents including closing the blinds on the windows when providing care. The interviews further revealed no one was usually outside in the area of Resident #2's room; however, due to recent remodeling, construction workers had been in the area.</p>	F 164	<p>that all aspects of privacy, as listed above, are maintained at all times.</p> <p>Any issues identified in these audits will be reviewed monthly in the Performance Improvement Committee Meeting. Revisions will be made to the system as indicated.</p> <p>5. Date of Compliance – May 23, 2013</p>	
-------	---	-------	--	--

Office of Inspector General



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  100521	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  04/17/2013
NAME OF PROVIDER OR SUPPLIER  MOUNTAIN VIEW HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 945 WEST RUSSELL STREET ELKHORN CITY, KY 41522		
(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) COMPLETE DATE
N 000	INITIAL COMMENTS  A complaint investigation (KY20015) was conducted on 04/17/13. The complaint was unsubstantiated; however, deficient practice was identified.	N 000	<p align="center"><u>Tag # N 039</u></p> <p><b>This plan of correction is submitted under federal and state regulations and status applicable to long term care providers. This plan of correction does not constitute an admission of liability on part of the facility and such liability is hereby denied. The submission of this plan does not constitute an agreement by the facility that the surveyor's findings or conclusion are accurate, that the findings constitute a deficiency, or that the scope and severity regarding the deficiency are cited correctly. Furthermore, we request this plan of correction serve as our credible allegation of compliance.</b></p> <ol style="list-style-type: none"> <li>The Director of Nursing immediately provided education to the two State Registered Nurse Aides that provided the care to resident # 2 without providing privacy.</li> <li>All residents have the potential to be affected by this practice. The Nursing Management Team has conducted an audit for all resident's to ensure that all aspects of privacy are maintained during any provision of care. This includes knocking before entering resident rooms; staff introducing themselves and explaining procedures prior to performing them; closing doors, privacy curtains, and blinds while</li> </ol>	
N 039	902 KAR 20:300-3(5)(a) Section 3. Resident Rights  (5) Privacy and confidentiality of personal and clinical records. (a) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room; This requirement is not met as evidenced by: Based on observation, interview, and review of the facility policy entitled "Resident Rights" and "Personal Hygiene Care for the Female Resident," the facility failed to ensure personal privacy was provided for one of three sampled residents (Resident #2). Observation on 04/17/13 at 2:25 PM revealed State Registered Nurse Aides (SRNAs) #1 and #2 failed to close the blinds on Resident #2's window before providing incontinence and peri-care to the resident.  The findings include:  A review of the Resident Rights policy (not dated) revealed staff was to treat each resident with consideration, respect, and full recognition of his/her dignity and individuality, and to maintain privacy for each resident when personal care was provided.  A review of the Personal Hygiene for the Female	N 039		

*Judith Brandon*  
DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE  
*Executive Director*

(X6) DATE  
*05/23/2013*

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  100521	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 04/17/2013
NAME OF PROVIDER OR SUPPLIER  MOUNTAIN VIEW HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 945 WEST RUSSELL STREET ELKHORN CITY, KY 41522		
(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) COMPLETE DATE
N 039	<p>Continued From page 1</p> <p>Resident policy (not dated) revealed Step 3 of the procedural steps was to provide privacy for residents.</p> <p>Observation on 04/17/13 at 2:25 PM revealed SRNAs # 1 and #2 provided incontinence/peri-care to Resident #2. However, the SRNAs failed to close the window blinds on the window near the resident's bed when they provided the incontinence/peri-care. Further observation revealed a construction worker picking up trash from the ground near the outside of Resident #2's window.</p> <p>Interview on 04/17/13 at 2:45 PM with Resident #2 revealed the resident was not aware the staff had not closed the blinds on the window, and would have felt embarrassed if he/she had been exposed to anyone inside or outside the room.</p> <p>Interview on 04/17/13 with SRNA #1 at 2:32 PM and SRNA #2 at 2:34 PM revealed staff always closed the blinds on the windows of residents when providing care; however, the SRNAs stated they were nervous and forgot to close the window blinds.</p> <p>Interview on 04/17/13 at 4:55 PM with the Administrator and Director of Nursing (DON) revealed staff had been trained multiple times to provide privacy to residents including closing the blinds on the windows when providing care. The interviews further revealed no one was usually outside in the area of Resident #2's room; however, due to recent remodeling, construction workers had been in the area.</p>	N 039	<p>providing care; ensuring that dignity is maintained at all times; allowing resident's to use the cordless telephones in their room to allow for private conversations with their family and friends; compliance with HIPAA regulations in regards to their personal and medical information, etc. No personal privacy issues were identified during these audits.</p> <p>3. All staff was in-serviced on April 17, 2013 regarding providing privacy for resident's during any provision of care. All staff will be in-serviced regarding privacy upon hire, annually, and as needed. This includes knocking before entering resident rooms; staff introducing themselves and explaining procedures prior to performing them; closing doors, privacy curtains, and blinds while providing care; ensuring that residents personal dignity is maintained at all times; allowing resident's to use the cordless telephones in their room to allow for private conversations with their family and friends; compliance with HIPAA regulations in regards to their personal and medical information, etc.</p> <p>4. The Director of Nursing/Nursing Management Team will observe and complete 5 audits daily to ensure</p>	

that all aspects of privacy, as listed above, are maintained at all times.

Any issues identified in these audits will be reviewed monthly in the Performance Improvement Committee Meeting. Revisions will be made to the system as indicated.

5. Date of Compliance – May 23, 2013