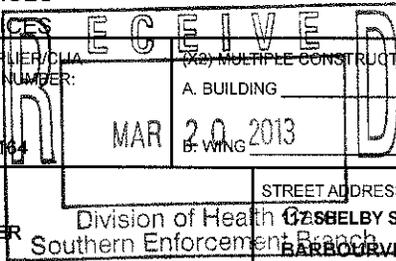


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/11/2013
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185164	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/25/2013
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NAME OF PROVIDER OR SUPPLIER BARBOURVILLE HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE Division of Health Southern Enforcement Branch 625 BELBY STREET BARBOURVILLE, KY 40906
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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
F 000	INITIAL COMMENTS	F 000		
F 250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to provide medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for one of three sampled residents (Resident #3). Observations of Resident #3 conducted on 02/25/13 revealed the resident had clear medical tape in the middle portion of the resident's glasses. Interview with Resident #3 on 02/25/13 revealed the resident's glasses had been broken for "over a year" and staff had applied medical tape in an attempt to stabilize the glasses. Interviews with facility staff on 02/25/13 revealed Resident #3's glasses had been in need of repair for approximately one year. Record review revealed staff had sent the facility's Social Worker a referral related to the resident's broken glasses on 01/16/12. The social worker documented on 01/16/12 the resident refused new glasses; however, there was no additional information in</p>	F 250	See attached	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Janua Partin TITLE: Administrator (X6) DATE: 3/20/13

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 BARBOURVILLE HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 117 SHELBY STREET BARBOURVILLE, KY 40906
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F 250	<p>Continued From page 1</p> <p>the resident's medical record related to the repairs needed for Resident #3's glasses or the resident's refusal of new eyeglasses.</p> <p>The findings include:</p> <p>Interview with the facility Administrator on 02/25/13 at 12:00 PM revealed the facility did not have a policy related to the social service needs of residents, including the residents' need for glasses and/or the need for repairs.</p> <p>Review of the medical record revealed the facility admitted Resident #3 on 11/01/11 with diagnoses of Hypertension, Hemiplegia, and Anemia. A review of the Social Service progress notes dated 01/16/12 revealed the facility Social Worker had received a referral on 01/16/12 related to Resident #3's glasses being taped and the Social Worker had noted the resident refused new glasses at that time. Continued review of documentation revealed there was no further documentation in the resident's medical record related the needed repairs of the resident's glasses.</p> <p>Further review of the medical record revealed a quarterly Minimum Data Set (MDS) assessment dated 11/26/12. A review of the MDS assessment revealed facility staff had assessed Resident #3 to have impaired vision. In addition, based on the facility's assessment, Resident #3 was alert, oriented, and interviewable.</p> <p>Observations of Resident #3 on 02/25/13 at 8:45 AM revealed a large amount of medical tape on the middle portion of the resident's glasses. Further observation of the resident's eyeglasses</p>	F 250		
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F 250	<p>Continued From page 2</p> <p>revealed the nose bridge supports on each side of the resident's eyeglasses were missing.</p> <p>Resident #3 stated in interview conducted on 02/25/13 at 1:20 PM, "I need glasses." Resident #3 removed his/her glasses and allowed the surveyor to observe the tape present on the bridge of the resident's glasses and the missing nose supports. According to Resident #3, facility staff had not offered to assist the resident in obtaining new eyeglasses.</p> <p>Interview with Certified Nurse Aide (CNA) #1 at 11:35 AM on 02/25/13 revealed Resident #3's eyeglasses had been "broken" for "over a year." The CNA further stated the resident had verbalized concern to her related to his/her glasses which needed repair. The CNA stated she had consulted with the facility's Social Worker "a while back" (unable to recall date) related to the resident's need for new glasses, and acknowledged the resident's glasses were still in need of repair.</p> <p>Interview with CNA #2 on 02/25/13 at 3:00 PM revealed Resident #3's glasses had been in need of repair for approximately one year. The CNA stated she had reported the resident's broken glasses to nursing staff; however, the resident's glasses were still in need of repair.</p> <p>An interview with the facility Social Worker on 02/25/13 at 4:30 PM revealed she was aware Resident #3's glasses were in need of repair and stated she should have followed up with the resident after the resident refused new glasses in January 2012. The Social Worker stated she had interviewed the resident the previous week to</p>	F 250			

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F 250	Continued From page 3 obtain information for an upcoming assessment. The Social Worker also acknowledged she should have followed up on the resident's broken eyeglasses at that time but failed to do so. Interview with the facility Administrator on 02/25/13 at 12:00 PM revealed anyone could make a referral to the Social Worker related to the needs of the residents and the Social Worker would follow up to ensure the residents obtained the services needed. The Administrator did not state if she was aware that Resident #1's glasses were broken.	F 250			

Barbourville Health & Rehabilitation Center

Plan of Correction

March 19th, 2013

F-250

- 1. Resident's Physician and Responsible party were notified of broken glasses. Resident #3 was immediately scheduled an appointment with eye doctor for evaluation for new glasses, which was on March 8th. Resident #3's glasses were ordered and received on March 19th, 2013.**
- 2. All residents have been reviewed and interviewed by Social Service Director to determine the need for any further intervention regarding medically-related social services to ensure psychosocial needs and well being of each resident is met.**
- 3. An In-service was conducted with the social service director by the Administrator, on February 26th, 2013, regarding meeting resident needs and following up with all residents to ensure their needs are met. Staff has been re-inserviced on the CQI referral form and to report all resident needs to their supervisor as well as the importance of providing medically related social services needed to meet the well-being of each resident. The social service director will review the CQI forms upon receipt and ensure the resident's needs are met, as well as follow up with the resident if they refuse and document in the residents record. The CQI forms will be reviewed in the CQI meeting by the CQI team.**
- 4. The CQI forms will be reviewed by the Administrator weekly and monthly in the CQI meeting to ensure resident's needs are being met and followed up on. The social services notes of five residents will be reviewed weekly for one month and monthly for one quarter by the administrator to ensure resident needs are being met and followed up on. Any problems found will be corrected/addressed immediately and reported to Quality Assurance for further follow up.**
- 5. Completion date: March 19th, 2013.**