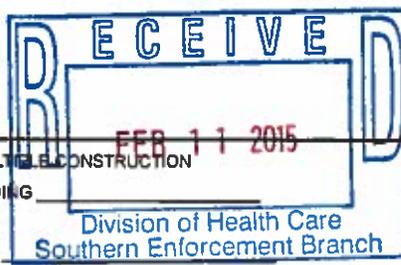


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/04/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185434	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2015
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NAME OF PROVIDER OR SUPPLIER THE HERITAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 192 BACON CREEK ROAD CORBIN, KY 40702
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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	F 000		
F 279 SS=E	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interview, it was determined the facility failed to develop a comprehensive care plan for three (3) of seventeen (17) sampled residents (Residents #6, #8, and #11). Residents #6, #8, and #11 had Foley catheters; however, the facility failed to develop a comprehensive care plan for the</p>	F 279	<p>The Heritage Nursing Facility does not believe and does not admit any deficiencies existed, either before, during or after the survey. The Heritage Nursing facility reserves the right to contest the survey findings through informal dispute resolution, formal legal appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, nor is meant to establish any standard of care, contract obligation or position and The Heritage Nursing Facility reserves the right to raise all possible contentions and defenses in any type of civil or criminal claims, 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 privileges which The Heritage Nursing Facility does not waive, and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Heritage Nursing Facility offers the responses, credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality care to its residents.</p> <p>It is and always has been the policy of The Heritage to develop a</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Cathy Willis

Administrator

02/11/15

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 THE HERITAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 192 BACON CREEK ROAD CORBIN, KY 40702	
(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 279	<p>Continued From page 1 securing of the indwelling urinary catheters to prevent potential trauma.</p> <p>The findings include:</p> <p>Review of the facility policy titled "Foley Catheter Management," (not dated) revealed staff would coil and secure the drainage tubing to the bed linen to prevent looping below the drainage bag. However, the policy did not indicate how the facility would secure the catheter to prevent potential trauma.</p> <p>Review of the facility's policy titled "Care Plans-Comprehensive," dated 08/01/13, revealed an individualized comprehensive care plan that included measurable objectives and timetables to meet the resident's medical, nursing, mental, and psychological needs is developed for each resident.</p> <p>1. Review of the medical record for Resident #6 revealed the facility admitted the resident on 01/07/14 with diagnoses including Urinary Retention, Bladder Urge Incontinence, Morbid Obesity, Degenerative Joint Disease, Diabetes Mellitus, and Hypertension. A review of an annual Minimum Data Set (MDS) dated 12/24/14 revealed Resident #6 was assessed to always be continent of the bowel, and utilized an indwelling catheter.</p> <p>Review of Resident #6's care plan dated 12/26/14 revealed the resident required the use of a urinary catheter to treat urinary retention; however, there is no evidence the facility provided interventions to secure the urinary catheter tubing to prevent trauma.</p>	F 279	<p>comprehensive care plan for each resident that includes measurable objectives and timetables to meet each resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <ol style="list-style-type: none"> 1. Residents 6, 8, and 11, each with an indwelling catheter, have been assessed and their care plans reviewed. They were informed of the nursing standard of care that indicates that an indwelling catheter should be secured to prevent potential trauma. They were then advised of the risk versus benefit of securing the catheter and given the right to consent or refuse to have the catheter secured. Their choice was documented on a consent form and then on the care plan. The catheters of those who consented were secured. 2. All residents who have a physician's order, either upon admission to the facility or subsequently during their stay, for an indwelling catheter will be assessed and have a care plan developed that addresses the presence of an indwelling catheter and the interventions to properly care for the indwelling 	

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F 279	<p>Continued From page 2</p> <p>2. Review of Resident #8's medical record revealed the facility admitted the resident on 02/06/14, with diagnoses including Urinary Retention, Ischemic Stroke with Left Sided Hemiparesis, Hypertension, and Diabetes. A review of Resident's #8's Quarterly MDS dated 10/22/14 revealed the facility had assessed the resident to always be incontinent of bowel and to utilize an indwelling urinary catheter for bladder drainage.</p> <p>Review of Resident #8's care plan dated 01/08/15 revealed the resident required the use of a urinary catheter to treat urinary retention; however, there was no evidence the facility provided interventions to secure the urinary catheter tubing to prevent trauma.</p> <p>3. Review of Resident #11's medical record revealed the facility admitted the resident on 09/05/12, with diagnoses including Acute Renal Failure, Neuropathic Pain, Paraplegia, and Hypertension. A review of Resident #11's Quarterly MDS revealed the facility assessed the resident to utilize an indwelling urinary catheter for bladder drainage.</p> <p>Review of Resident #11's care plan dated 07/17/14 revealed the resident required the use of a urinary catheter due to neurogenic bladder and paraplegia; however, there is no evidence the facility provided interventions to secure the urinary catheter tubing to prevent trauma.</p> <p>Interview with the MDS Coordinator on 01/21/15 at 8:40 PM revealed she was responsible for developing the care plan and the supervisors, along with the staff nurses, were responsible for assuring staff followed the interventions.</p>	F 279	<p>catheter, including securing it to prevent potential trauma.</p> <p>3. A resident with an indwelling catheter upon admission to the facility or at the time of receiving a physician's order to anchor an indwelling catheter will have their catheter secured to prevent potential trauma. This will be indicated on the individualized care plan. All nursing staff has been educated, through inservice training conducted by the Director of Nursing, on the standard of care as applies to securing an indwelling catheter to prevent trauma and developing a comprehensive care plan to address it's care.</p> <p>4. Through our Quality Assurance program, our Director of Nursing and/or Quality Assurance Coordinator will monitor residents monthly for 6 months to ensure that residents with an indwelling catheter have been properly assessed and that the individualized care plan addressed the appropriate interventions, including securing the indwelling catheter to prevent potential trauma.</p> <p>5. Completion date: 02/06/15</p>	

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NAME OF PROVIDER OR SUPPLIER THE HERITAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 192 BACON CREEK ROAD CORBIN, KY 40702	
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F 279	Continued From page 3	F 279		
F 315 SS=E	<p>Interview with the Director of Nursing (DON) on 01/21/15 at 8:45 PM revealed a care plan did not need to be developed because trauma from unsecured Indwelling, urinary catheter tubing had never been identified.</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to secure the Indwelling urinary catheters for three (3) of seventeen (17) sampled residents (Residents #6, #8, and #11). Observations of urinary catheter care for Residents #6, #8, and #11 revealed the residents' indwelling urinary catheters were not secured to reduce friction and movement at the insertion site.</p> <p>The findings include: Review of the Resident Assessment Instrument (RAI) User Manual, Version 3.0 revealed, "The</p>	F 315	<p>1. Residents 6, 8, and 11, each with an indwelling catheter, have been informed of the nursing standard of care that indicates that an indwelling catheter should be secured to reduce friction and movement at the insertion site and to prevent potential trauma. They were advised of the risk versus benefit of securing the catheter and given the right to consent or refuse to have their catheter secured. Their choice was documented on a consent form and also on the comprehensive care plan. The catheters of those who consented were secured.</p>	

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NAME OF PROVIDER OR SUPPLIER THE HERITAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 192 BACON CREEK ROAD CORBIN, KY 40702	
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F 315	<p>Continued From page 4</p> <p>assessment should include consideration of the risks and benefits of an indwelling (suprapubic or urethral) catheter...and consideration of complications resulting from the use of an indwelling catheter (e.g., urethral erosion, pain, discomfort, and bleeding). The next step is to develop an individualized care plan based directly on these conclusions."</p> <p>Review of the facility policy titled "Foley Catheter Management," (not dated) revealed staff would coil and secure the drainage tubing to the bed linen to prevent looping below the drainage bag. However, the policy did not indicate how the facility would secure the catheter to prevent potential trauma.</p> <p>1. Review of the medical record for Resident #6 revealed the facility admitted the resident on 01/07/14 with diagnoses including Urinary Retention, Bladder Urge Incontinence, Morbid Obesity, Degenerative Joint Disease, Diabetes, and Hypertension.</p> <p>A review of Resident #6's annual Minimum Data Set (MDS) dated 12/24/14 revealed Resident #6 was assessed to always be continent of the bowel, and utilized the use of an indwelling catheter.</p> <p>Observation of Resident #6's catheter care on 01/20/15 at 2:30 PM revealed Resident #6's catheter tubing was not secured before and after catheter care.</p> <p>Review of Resident #6's care plan dated 12/26/14 revealed the resident required the use of a urinary catheter to treat urinary retention; however, there was no evidence the facility</p>	F 315	<p>2. All residents who have a physician's order, either upon admission to the facility or subsequently during their stay, for an indwelling catheter, will have their catheter secured unless the resident refuses.</p> <p>3. All nursing staff has been educated, through inservice training conducted by the Director of Nursing, on the standard of care as applies to securing an indwelling catheter to prevent trauma. Newly hired staff will receive this information in their orientation training.</p> <p>4. Through our Quality Assurance program, residents will be monitored monthly for 6 months to ensure that indwelling catheters are secured.</p> <p>5. Completion date: 02/06/15</p>	

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F 315	<p>Continued From page 5 developed/implemented interventions to secure the urinary catheter tubing to prevent trauma.</p> <p>2. Review of Resident #8's medical record revealed the facility admitted the resident on 02/06/14, with diagnoses including Urinary Retention, Ischemic Stroke with Left Sided Hemiparesis, Hypertension, and Diabetes.</p> <p>A review of Resident's #8's Quarterly MDS dated 10/22/14 revealed the facility had assessed the resident to always be Incontinent of bowel and to utilize an indwelling urinary catheter for bladder drainage.</p> <p>Observation of catheter care on 01/20/15 at 9:00 AM revealed Resident #8's catheter tubing was unsecured before and after catheter care.</p> <p>Review of Resident #8's care plan dated 01/08/15 revealed the resident required the use of a urinary catheter to treat urinary retention; however, there was no evidence the facility provided interventions to secure the urinary catheter tubing to prevent trauma.</p> <p>3. Review of Resident #11's medical record revealed the facility admitted the resident on 09/05/12, with diagnoses including Acute Renal Failure, Neuropathic Pain, Paraplegia, and Hypertension.</p> <p>A review of Resident's #11's Quarterly MDS revealed the facility assessed the resident to utilize an Indwelling urinary catheter for bladder drainage.</p> <p>Observation of Resident #11's urinary catheter on 01/21/15 at 4:55 PM revealed Resident #11's</p>	F 315		

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NAME OF PROVIDER OR SUPPLIER THE HERITAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 192 BACON CREEK ROAD CORBIN, KY 40702		
(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 315	<p>Continued From page 6 catheter tubing to be unsecured.</p> <p>Review of Resident #11's care plan dated 07/17/14 revealed the resident required the use of a urinary catheter due to neurogenic bladder and paraplegia; however, there was no evidence the facility developed/implemented interventions to secure the urinary catheter tubing to prevent trauma.</p> <p>Interview with Certified Nurse Aide (CNA) #1 on 01/21/15 at 6:35 PM revealed she was trained to anchor the catheter bag to the side of the bed but she had never been trained to secure the catheter tubing.</p> <p>Interview with the Unit Coordinator on 01/21/15 at 6:45 PM revealed staff was trained to coil the tubing, not to secure the tubing to the resident's leg or bed linens.</p> <p>Interview with the Director of Nursing (DON) on 01/21/15 at 7:45 PM revealed staff was not trained to anchor catheter tubing to the residents' legs due to skin issues. She further stated she couldn't remember if it was their policy to anchor the tubing to the bed linen or not. However, she stated the facility had not identified problems with the catheter tubing being unsecured, causing trauma to any residents.</p>	F 315			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185434	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2015
NAME OF PROVIDER OR SUPPLIER THE HERITAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 192 BACON CREEK ROAD CORBIN, KY 40702		
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1995</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type V (000)</p> <p>SMOKE COMPARTMENTS: Two</p> <p>FIRE ALARM: Complete automatic fire alarm system</p> <p>SPRINKLER SYSTEM: Complete automatic (dry) sprinkler system</p> <p>GENERATOR: Type II natural gas generator</p> <p>A life safety code survey was initiated and concluded on 01/21/15, for compliance with Title 42, Code of Federal Regulations, §483.70 and found the facility to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.