

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

PRINTED: 02/07/2012
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/25/2012
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NAME OF PROVIDER OR SUPPLIER OWENSBORO PLACE CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1205 LEITCHFIELD RD. OWENSBORO, KY 42303
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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 survey (KY #17684 and KY #17656) was conducted on 01/24/12 through 01/25/12 to determine the facility's compliance with Federal requirements. KY #17656 was unsubstantiated with no deficiencies. KY #17684 was substantiated with deficiencies cited at the highest scope and severity of a "D."	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Owensboro Place Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined the facility failed to promote care in a manner which maintained or enhanced a resident's dignity and respect for one resident (#1), in the selected sample of three residents. Resident #1 required assistance of two staff for incontinent care, and on 01/09/12, there was an hour delay related to the provision of incontinent care causing the resident to report feelings of low self-esteem. The findings include: A record review revealed Resident #1 was admitted to the facility on 10/11/11 with diagnoses to include Morbid Obesity, Acute Kidney Failure and Diabetes.	F 241	1. Resident #1 was interviewed on 1/10/12 by the Social Services Director to evaluate any psychosocial needs not addressed and the resident had no further concerns with care. Certified Nursing Assistant #1 was re-educated by the Director of Nursing regarding providing care in a manner to enhance or maintain a resident's dignity and respect to include not delaying care for provision of incontinent care on 1/12/2012. 2. Social Services conducted interviews with alert and oriented residents regarding care on 1/10/2012, none of the residents interviewed had dignity or care concerns. 3. Re-education was provided to the Licensed Nurses and Certified Nurse Assistants by the Staff Development Coordinator on 1/12/2012 regarding dignity, respect and following the plan of care related to the provision of incontinent care. 4. Social Service will follow up with 10 residents weekly for 4 weeks to determine resident care is being provided in a manner that promotes dignity, respect and individuality. Any concerns will be addressed by Social Services and Administrator when reported. Facility Department Managers will monitor -residents weekly during facility customer first rounds and address any concerns at	2/10/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Wendell Smith</i>	TITLE <i>Administrator</i>	(X6) DATE <i>3/15/12</i>
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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 241	<p>Continued From page 1</p> <p>A review of a quarterly Minimum Data Set (MDS), dated 12/06/11, revealed the "Brief Interview For Mental Status" (BIMS) assessment revealed the resident's score was 15, which meant he/she was cognitively aware. A review of the toileting functioning assessment revealed the resident to be totally dependant and required the assistance of two staff for toileting needs.</p> <p>A review of the care plan "Urinary Incontinence," dated 12/08/11, revealed the staff were to check and change the resident every two (2) hours and as needed due to incontinence.</p> <p>An interview with Certified Nurse Aide (CNA) #1, on 01/25/12 at 9:10 AM, revealed that the resident required assistance of two staff for toileting, and on 01/09/12, the resident called for assistance and there was a one hour delay, related to provision of incontinent care. She further revealed the resident's care plan was not followed related to provision of incontinent care. No further explanation was provided.</p> <p>An interview with the Director of Nursing (DON), on 01/24/12 at 3:00 PM, revealed the resident required assistance of two staff for toileting needs, and on 01/09/12, Resident #1 waited an hour for provision of incontinent care. She revealed the incident was reported to the Social Worker on 01/10/12.</p> <p>An interview with Resident #1, on 01/25/12 at 5:00 PM, revealed the lack of prompt incontinent care caused him/her to feel "like a low life," and the resident's inability to take care of himself/herself made him/her "feel bad."</p>	F 241	the time reported. Results of weekly rounds will be reviewed weekly for 3 months by the administrator or designee and results will be reviewed by the Performance Improvement Committee monthly for 3 months.		