

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/21/2015
NAME OF PROVIDER OR SUPPLIER RIVERVIEW HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 79 SPARROW LANE PRESTONSBURG, KY 41653		
(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 (KY23268) was conducted on 05/21/15. The complaint was substantiated with deficient practice identified at "D" level.	F 000	Riverview Health Care Center does not believe and does not admit that any deficiencies existed, before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, 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 privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.	
F 225 SS=D	483.13(c)(1)(II)-(III), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance	F 225		

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

Melissa J. Allen

TITLE

Administrator

(X6) DATE

6/12/15

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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F 225	<p>Continued From page 1</p> <p>with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's abuse prohibition policy and procedure it was determined the facility failed to ensure all allegations involving injuries of unknown origin were immediately reported to the state survey agency and other officials in accordance with state law for one (1) of three (3) sampled residents (Resident #1). On 05/07/15, facility staff identified Resident #1 to have bruising under the right arm, which extended to the right breast. The area was immediately reported to Facility Administration. However, the facility failed to notify the state survey and certification agency of the injury of unknown origin until 05/09/15.</p> <p>The findings include:</p> <p>Review of the facility's policy/procedure, "Abuse, Neglect, and Misappropriation," effective April 2013, revealed all injuries of unknown origin would be reported to officials in accordance with state law.</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 08/29/11 with diagnoses including Diabetes Mellitus, Depression, and Hypertension. Review of Resident #1's Quarterly Minimum Data Set (MDS) Assessment completed on 04/17/15</p>	F 225	<ol style="list-style-type: none"> The allegation of abuse in regards to bruising of unknown origin for resident #1 was reported to appropriate regulatory agencies on 5/9/15. Resident #1 safety was ensured and thorough investigation started on 5/9/15 and completed on 5/13/15 by the DON,SSD. Resident #1 was assessed on 5/9/15 by nurse and on 5/10/15 by SSD with no signs/symptoms of abuse noted. All residents with BIMS < 8 were assessed by charge nurses, nursing supervisors, or DON and all residents with BIMS > 8 were interviewed by nursing supervisor or SSD on 5/9/15 with no signs/symptoms of abuse noted or reported. An audit of all personnel records was completed by the HR director on 5/14/15 and results were reviewed by the administrator on 5/14/15 with no findings of deficient practice noted. All grievances for the past 30 days were reviewed by the administrator on 5/12/15 for any possible allegations not reported. None were identified. All A/ reports for the past 30 days have been reviewed by the DON by 6/1/15 for any possible allegations that have not been reported. None were identified. 	

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F 225	<p>Continued From page 2</p> <p>revealed facility staff assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 3, indicating severe cognitive impairment and requiring extensive assistance of two staff members for all activities of daily living.</p> <p>Observation of Resident #1 on 05/21/15 at 10:15 AM revealed the resident was in bed with eyes closed. Attempted observation of Resident #1 on 05/21/15, at 1:18 PM, revealed the facility had transferred Resident #1 to the hospital, and therefore, no further observations or skin assessments could be conducted.</p> <p>Interview with Registered Nurse (RN) #1 on 05/21/15 at 4:30 PM, revealed at approximately 1:00 PM on 05/07/15, staff summoned her to Resident #1's room. RN #1 stated that Resident 1's family member was present in the room, and that Resident #1 had a large bruise "all the way around" the resident's right side under the arm, which extended to the right breast. RN #1 stated the area was discovered when a mobile chest x-ray was being obtained for Resident #1. RN #1 stated the Administrator was immediately notified of the area to Resident #1. RN #1 stated when she first observed the bruised area to Resident #1 she was unaware of how the injury had occurred. However, RN #1 stated after conducting "a little investigation" which included speaking with direct care staff who routinely cared for Resident #1, it was determined the area "might" have been caused by a gait belt when Resident #1 was transferred.</p> <p>Review of a written statement dated 05/07/15, signed by the Administrator, and interview with the Administrator on 05/21/15 at 5:10 PM, revealed Resident #1's family member came to</p>	F 225	<p>3. Facility department managers to include, Administrator, DON, ADONs, SDC, MDS, SSD, BOM, HR, Chaplain, Housekeeping supervisor and maintenance director were educated/trained on the abuse policy and procedure to include reporting requirements by the regional nurse consultant by 6/10/15. Facility staff were educated/trained by the SDC on the abuse policy and procedure to include appropriately reporting to regulatory agencies by 6/15/15.</p> <p>4. The DON, ADONs or nursing supervisor will audit all A/I daily X 4 weeks to ensure all allegations are reported to the appropriate regulatory agencies. Administrator or SSD will audit all grievances daily X 4 weeks to ensure all allegations are reported to appropriate regulatory agencies. Findings of the above stated audits will be reported during monthly QA meeting for review and any recommendations, compliance, needed revisions and/or any needed ongoing education and training.</p> <p>5. Date of Compliance 6-16-15</p>	6-16-15	

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F 225	Continued From page 3 her office on 05/07/15, at approximately 1:15 PM, requesting the Administrator accompany the family member to Resident #1's room. The Administrator stated that upon arriving at the resident's room she observed the bruised area to Resident #1's right side and breast area. The Administrator stated after viewing the bruised area to Resident #1, she discussed the injury with the Director of Nursing and Assistant Director of Nursing, and initiated an investigation to determine the cause of the injury to Resident #1. The Administrator stated that "within an hour or so" staff had "reasonably determined" the probable cause of the bruising to Resident #1 was a gait belt utilized when transferring the resident. Therefore, the Administrator stated the injury of unknown origin was not reported to the state survey and certification agency as required until 05/09/15, when Resident #1's family member alleged the bruise had been caused by a staff member physically abusing Resident #1.	F 225		