

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

Second SOD

PRINTED: 10/24/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2012
NAME OF PROVIDER OR SUPPLIER OWSLEY COUNTY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP+4 CODE HIGHWAY 11 BOONEVILLE, KY 41314	
(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 SOURCES CITED SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY	
F 000	INITIAL COMMENTS	F 000		
F 282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility policy it was determined the facility failed to ensure care was provided in accordance with the comprehensive plan of care for one of five residents selected for review (Resident #1). A review of the comprehensive plan of care and the Certified Nurse Aide (CNA) care plan guide revealed staff identified an intervention related to the need for staff to remove the foot pedals of Resident #1's wheelchair when the resident was transferred from the wheelchair. The intervention was added to the CNA care plan guide on 07/16/12 and to the comprehensive plan of care on 07/25/12. However, on 07/29/12, facility staff failed to remove the foot pedals from the wheelchair when the resident was transferred from the wheelchair and Resident #1 sustained a skin tear to the right lower leg that required steri-strips.</p>	F 282	<p>Preparation and execution of this plan of Correction does not constitute an admission of or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This Plan of Correction is prepared solely because Federal and State Law require it. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction. Failure to dispute or challenge deficiencies below is not an admission that the alleged facts occurred as presented in the statements.</p> <p><u>F 282 (D) 483.20 (k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</u></p> <p><i>Corrective Action for Residents Found to Have Been Affected</i> The nursing staff that provide direct care to Resident #1 are following the resident's individual care plan, including removing the foot pedals from the wheelchair when transferring the resident. CNA#1 who failed to remove foot pedals at time of incident was counseled and re-educated.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Jacques Perry* TITLE: Administrator (X6) DATE: 10/29/2012

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 282	<p>Continued From page 1</p> <p>The findings include:</p> <p>Review of the facility's Individual and interdisciplinary Plan of Care policy and procedure (not dated) revealed the facility would identify and plan services to be provided by qualified interdisciplinary team members in attaining the resident's goals. The policy/procedure further revealed the goals and accompanying approaches should be communicated to all direct care staff, including the CNA care plan.</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 05/19/12 with diagnoses to include Right Hip Fracture, Peripheral Vascular Disease, and Renal Failure. Further review of the medical record revealed Resident #1 sustained skin tears during transfers on 07/16/12 and 07/29/12 but had not sustained any further skin tears during transfers from the resident's wheelchair.</p> <p>Resident #1 was out to the hospital and was not observed.</p> <p>Review of the facility's investigation report dated 07/16/12 revealed Resident #1 sustained a skin tear while being transferred by staff and the cause of the skin tear was determined to be the wheelchair foot pedal. The recommended intervention as a result of the skin tear was to remove Resident #1's wheelchair foot pedals for all transfers. A review of the facility's investigation report dated 07/29/12 revealed Resident #1 sustained a skin tear while being transferred by staff from the wheelchair and it was determined the cause of the skin tear was the wheelchair foot pedals. The recommended</p>	F 282	<p><i>Identification of Other Residents Having the Potential to be affected by the Same Deficient Practice</i></p> <p>Any facility Resident has the potential to be affected. The CNA Care and the Comprehensive Care Plans were audited by Nurse Managers, Unit Managers, and the Director of Nursing to validate interventions have been communicated and implemented to all direct care staff.</p> <p><i>Measures or Systemic Changes put into Place to Avoid Recurrence</i></p> <p>Nursing Staff have been in-serviced on reviewing and following the Resident's Comprehensive Plan of Care and the CNA Care Plan. The reviews are to be completed at the beginning of each shift to ensure that proper care is provided for the resident. In-services for all direct care staff were conducted by the Clinical Systems Manager and were completed on 9/21/12. All residents' Comprehensive Plans of Care and CNA Care Plans have been audited by Nurse Managers, Unit Managers, and Director of Nursing on 10/12/12, to validate interventions have been implemented and proper care is being provided the resident.</p> <p><i>Plans to Monitor Performance for Sustained Solutions</i></p> <p>Clinical Systems Manager will complete a weekly audit of 10% of the Residents' Comprehensive Plans of Care and the CNA Care Plans to ensure updates have been</p>		

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F 282	<p>Continued From page 2</p> <p>intervention as a result of the skin tear was to re-educate staff to remove Resident #1's wheelchair foot pedals for all transfers. Staff was re-educated on 07/29/12 and 07/30/12.</p> <p>Review of Resident #1's comprehensive plan of care revealed the resident sustained a skin tear on 07/16/12 while being transferred by staff from a wheelchair. Further review of the plan of care revealed an intervention to remove the foot pedals of the wheelchair for all transfers was added to the plan of care on 07/25/12.</p> <p>Review of Resident #1's CNA care plan revealed an intervention to remove the resident's wheelchair foot pedals for all transfers was added on 07/16/12.</p> <p>Interview on 09/19/12 at 7:50 PM, with CNA #1 revealed on 07/29/12 the CNA raised the foot pedals of Resident #1's wheelchair in order to transfer the resident and the resident sustained a skin tear from the foot pedal. CNA #1 stated he/she was not aware the foot pedals were supposed to be removed for transfers. Further interview revealed the CNA had reviewed the CNA care plan on 07/29/12 but did not see the intervention to remove the wheelchair foot pedals on the CNA care plan. The CNA revealed staff was reminded to remove Resident #1's wheelchair foot pedals for all transfers after the incident.</p> <p>Interview on 09/19/12 at 7:30 PM, with the Director of Nursing (DON) revealed the CNAs should look at the CNA care plan daily for any changes. The interview with the DON also revealed she conducted random "spot checks" of</p>	F 282	<p>implemented. Audit will include observation of staff providing direct care to insure that staff is following residents' individual plan of care. DON will review audits weekly for 4 weeks. Audits will be reviewed by QA Committee monthly for compliance.</p>	10-30-2012	

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F 282	Continued From page 3 the care provided by staff and had not identified any problems.	F 282		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility failed to ensure the resident environment remained as free from accident hazards as possible for one of three sampled residents (Resident #1). A review of the facility's incident/accident reports for Resident #1 revealed the resident developed a skin tear when transferred by facility staff on 07/16/12. Staff had identified the wheelchair footrests as the causative factor of the skin tear and developed an intervention to remove the resident's wheelchair pedals to prevent further skin tears. Review of the incident and accident reports dated 07/29/12 revealed facility staff failed to remove the wheelchair pedals when Resident #1 was being transferred and as a result the resident sustained a skin tear. The findings include: A review of the facility policy, Accident/Incident Investigation and Reporting, (no date noted)	F 323	<u>F 323 (D) 483.25 (h) FREE OF ACCIDENT HAZARDS/ SUPERVISION/DEVICES</u> <i>Corrective Action for Residents Found to Have Been Affected</i> Resident #1's wheelchair pedals are being removed when transferring resident to prevent any incident. The CNA involved with the transfer was counseled and in-serviced. <i>Identification of Other Residents Having the Potential to be affected by the Same Deficient Practice</i> All CNA Care Plans and Comprehensive Care Plans were audited by Nurse Managers, Unit Managers, and Director of Nursing to insure the interventions have been implemented and communicated to all direct care staff. Audit included observation of staff providing direct care to insure that staff is following each residents' individual plan of care. Audit was completed on 10/12/12 <i>Measures or Systemic Changes put into Place to Avoid Recurrence</i> The Clinical Systems Manager has in-serviced direct care staff regarding prevention of accidents and maintaining a safe environment, including reviewing the	

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F 323	<p>Continued From page 4</p> <p>revealed facility staff was to consider all identified conditions related to an incident. Further review revealed facility staff was to review and revise the resident's plan of care and list appropriate interventions for the identified condition.</p> <p>A review of the medical record for Resident #1 revealed the facility admitted the resident on 05/09/12 with diagnoses of Right Hip Fracture, Peripheral Vascular Disease, and Renal Failure. A review of the Quarterly Minimum Data Set Assessment (MDS) dated 07/24/12 revealed Resident #1 required limited assistance of one staff member with bed mobility, transfers, and personal hygiene.</p> <p>A review of Resident #1's CNA care plan revealed on 07/16/12 facility staff updated the resident's care plan and instructed staff to remove the wheelchair pedals prior to transferring the resident.</p> <p>A review of Resident #1's Comprehensive Care Plan dated 07/25/12 revealed the resident had a potential for skin tears. Further review of the care plan revealed the facility had added an intervention for Resident #1's wheelchair pedals to be removed prior to transfers to prevent further skin tears from occurring.</p> <p>An interview with CNA #1 on 09/19/12 at 7:50 PM, confirmed she transferred Resident #1 to the wheelchair on 07/29/12. Continued interview revealed CNA #1 failed to remove the resident's wheelchair pedals prior to transferring the resident. CNA #1 stated she had reviewed Resident #1's CNA care plan on 07/29/12 and had not identified that Resident #1's wheelchair</p>	F 323	<p>resident's Comprehensive Plan of Care and the CNA Care Plan for new interventions or changes prior to providing care to the resident. In-services were completed on 10/17/12.</p> <p><i>Plans to Monitor Performance for Sustained Solutions</i></p> <p>The Clinical Systems Manager will audit 10% of resident's Comprehensive Plan of Care and CNA Care Plan weekly to insure interventions have been implemented. Audit will include observation of direct care staff to ensure a safe environment is provided and care is given to the resident in accordance with the individual plan of care. Safety rounds will be completed daily by nurse managers for one month, then weekly for three months to ensure the environment is free of potential safety concerns. Rounds and audits will be submitted to the Safety Committee for review and further recommendations. The Director of Nursing will review the completed audits weekly for 1 month and monthly, thereafter. These audits will be reviewed by QA Committee monthly for compliance.</p>	10-30-2012	

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F 323	Continued From page 5 pedals were required to be removed prior to transfers. An interview with the Director of Nursing (DON) on 09/19/12 at 7:30 PM, revealed she had participated in the investigations of Resident #1's skin tears which occurred on 07/16/12 and 07/29/12. The DON stated the care plan interventions were implemented immediately when a causative factor had been identified related to a resident injury. The DON stated facility staff should have removed Resident #1's wheelchair pedals as required prior to the resident being transferred on 07/29/12.	F 323	<u>F 328 (D) 483.25 (k)</u> <u>TREATMENT/CARE FOR</u> <u>SPECIAL NEEDS</u> <i>Corrective Action for Residents Found to Have Been Affected</i> Resident #1 is receiving oxygen as ordered by the physician. O2 saturation is being monitored every four hours and more often if signs and symptoms are present that warrant increased monitoring. While receiving oxygen by tank Resident #1 is monitored hourly to assure that tank is not empty.	
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews it was determined the facility failed to ensure residents received proper treatment and special services related to Respiratory Care for one of three sampled residents (Resident #1). Record reviews revealed Resident #1 had a physician's	F 328	RN #2 was counseled and re-educated on administering and monitoring oxygen delivery. <i>Identification of Other Residents Having the Potential to be affected by the Same Deficient Practice</i> While receiving oxygen by tank all residents are monitored hourly to assure that tank is not empty and O2 saturation is being monitored every four hours and more often if signs and symptoms are present to warrant increased monitoring. Any residents with orders to receive special treatments and care for special needs including; oxygen, injections, IV and enteral fluids, colostomy, respiratory care, tracheostomy, ileostomy, ureterostomy, foot care, and prostheses care have been evaluated by Unit Managers and Director of Nursing on 9/21/12 and 10/19/12 to ensure that care and treatments are being monitored and implemented as ordered by the physician.	

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F 328	<p>Continued From page 6</p> <p>order for oxygen to be administered by nasal cannula at three liters per minute. Staff interviews revealed Resident #1's oxygen tank was observed to be empty when still in use for the resident on 09/15/12. Interviews with facility staff and a review of the facility policy revealed the facility failed to have a system in place to ensure residents receiving oxygen were monitored to ensure oxygen was administered to the resident as ordered by the physician.</p> <p>The findings include:</p> <p>A review of the facility policy titled "Oxygen Policy," dated January 2010, revealed the policy provided no direction to staff on how to monitor residents receiving physician ordered oxygen through an oxygen tank.</p> <p>A review of the medical record for Resident #1 revealed the facility admitted the resident on 05/09/12 with diagnoses that included Chronic Obstructive Pulmonary Disease, Hypoxia, and Congestive Heart Failure. Further review of the medical record revealed Resident #1 had a physician's order for 3 liters of oxygen to be continuously administered by nasal cannula. A review of the quarterly Minimum Data Set (MDS) assessment dated 07/24/12 revealed Resident #1 required limited assistance of one staff person for bed mobility, transfers, and personal hygiene. Further review of the MDS revealed Resident #1 required total assistance from one staff member for locomotion on and off the unit, and required the use of oxygen.</p> <p>An interview with CNA #3 on 09/19/12 at 5:05 PM, revealed Resident #1 had reported to the</p>	F 328	<p>Nurse Managers (Director of Nursing, East Wing Unit Manager, West Wing Unit Manager, Quality Assurance Nurse, Medical Records Nurse, and 2 MDS Nurses) reviewed all physician orders for special needs of the residents and compared these orders to the Comprehensive Care Plan (CCP). All of the nurse managers completed a physical review of the CCP to each resident in the facility for compliance with the physician orders and to ensure that residents receive proper treatment and care.</p> <p>Measures or Systemic Changes put into Place to Avoid Recurrence</p> <p>All Licensed Nurses were in-serviced by Clinical Systems Manager and Director of Nursing on 9/21/12 and 10/9/12 regarding administering and monitoring oxygen, including the monitoring of the oxygen level in an oxygen tank when in use, and monitoring the resident's oxygen saturation. A new monitoring form was developed and implemented for residents receiving oxygen to ensure the oxygen is administered as ordered. Licensed nurses were in-serviced on the use of the new form on 9/21/12. The Director of Nursing educated nurse managers on 10/19/2012 regarding physician, special needs, care plans and follow-up.</p> <p>While receiving oxygen by tank all residents are monitored hourly to assure that tank is not empty and O2 saturation is being monitored every four hours and more often if signs and symptoms are present to warrant increased monitoring. Any resident with orders to receive special treatments and care for special needs</p>		

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F 328	Continued From page 7 CNA on 09/15/12 that the resident was unable to feel the oxygen coming out of the nasal cannula, and did not think the oxygen was working properly. Continued interview revealed the CNA observed the resident's oxygen tank to be empty and notified the charge nurse. An interview with Registered Nurse (RN) #2 on 09/19/12 at 4:45 PM, revealed she was assigned to provide care to Resident #1 on 09/15/12. The RN stated on that date she observed Resident #1's oxygen tank to have a low reading before the resident went to the dining room for lunch (unsure of exact time). The RN stated she did not change the resident's oxygen tank at that time because she felt there was sufficient oxygen to last the resident until after lunch. Further interview confirmed the RN was notified by CNA #3 that Resident #1's oxygen tank was empty after the resident had eaten lunch (unsure of exact time) on 09/15/12. The RN stated she had not been trained on how often to monitor a resident's oxygen tank to ensure an adequate amount of oxygen was available for the resident's use. An interview with the Director of Nursing (DON) on 09/19/12 at 7:30 PM, confirmed Resident #1's oxygen tank was observed by facility staff to be empty on 09/15/12. Further interview revealed the facility had no monitoring system in place to ensure residents that were provided oxygen by an oxygen tank received the oxygen as ordered by the physician.	F 328	including; oxygen, injections, IV and enteral fluids, colostomy, respiratory care, tracheostomy, ileostomy, ureterostomy, foot care, and prostheses care have been evaluated by Unit Managers and Director of Nursing on 9/21/12 and 10/19/12 to ensure that care and treatments are being monitored and implemented as ordered by the physician. Nurse Managers (Director of Nursing, East Wing Unit Manager, West Wing Unit Manager, Quality Assurance Nurse, Medical Records Nurse, and 2 MDS Nurses) will conduct audits monthly of 10% of the residents to assure that physician orders are reviewed for special needs. Any residents with orders to receive special treatments and care for special needs including; oxygen, injections, IV and enteral fluids, colostomy, respiratory care, tracheostomy, ileostomy, ureterostomy, foot care, and prostheses care of the residents. These orders will be compared to the Comprehensive Care Plan (CCP). All of the nurse managers will complete a physical review of the CCP to each resident <u>in the facility</u> for compliance with the physician orders and to ensure that residents receive proper treatment and care. <i>Plans to Monitor Performance for Sustained Solutions</i> Results of oxygen and special need audits are reviewed by the Director of Nursing as they occur and the DON submits these audits for oxygen and special needs to the monthly meeting of the QA Committee for recommendations and follow up.		
F 353 SS=D	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or	F 353		10-30-2012	

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F 353	<p>Continued From page 8</p> <p>maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview it was determined the facility failed to provide sufficient personnel to provide nursing care to residents in accordance with the resident's care plan for one unsampled resident (Resident A). On 09/19/12 at 6:30 PM, Resident A requested staff assistance to be transferred from the wheelchair to the bed; facility staff assisted Resident A to bed at 7:15 PM, forty-five minutes after requested. Interviews with facility staff on 09/19/12 revealed the facility failed to have enough staff to provide resident's care timely.</p> <p>The findings include:</p>	F 353	<p><u>F 353 (D) 483.30 (a)</u> <u>SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</u></p> <p><i>Corrective Action for Residents Found to Have Been Affected</i></p> <p>The facility interviewed Resident A and the daughter of Resident A for the purpose of assuring that sufficient staff exists to meet the needs of Resident A. Both the Resident and the daughter of the Resident are satisfied with staffing and the care of the resident. Care is provided timely and according to the Comprehensive Care Plan.</p> <p>The Clinical Systems Manager provided education to RN #4, CNA #5 and CNA #6 on providing care in a timely manner for Resident A on 9/21/2012.</p> <p><i>Identification of Other Residents Having the Potential to be affected by the Same Deficient Practice</i></p> <p>The facility conducted interviews of all residents to determine if staffing was adequate to meet the care needs of the resident. If the Resident was non-communicative the responsible party for each Resident was contacted for the interview. All Resident and/or responsible party interviews were reviewed to determine that the staffing required was evident to meet the needs of the residents. Interviews indicated that care is being provided timely and according to the Comprehensive Care Plan.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/20/2012
NAME OF PROVIDER OR SUPPLIER OWSLEY COUNTY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 11 BOONEVILLE, KY 41314		
(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 353	<p>Continued From page 9</p> <p>Interview with the Facility Administrator on 09/19/12 at 8:00 PM, revealed the facility did not have a policy related to facility staffing.</p> <p>A review of the medical record for Resident A revealed facility staff admitted the resident on 07/08/11 with diagnoses that included Cerebral Vascular Accident with left side Hemiparesis, Malignant Hypertension, and Difficulty Walking. A review of the Quarterly Minimum Data Set Assessment (MDS) dated 07/25/12 revealed Resident A was interviewable. Continued review of the MDS revealed facility staff assessed the resident to require extensive assistance of two staff members with bed mobility, transferring, and toilet use.</p> <p>A review of the comprehensive care plan for Resident A dated 08/01/12 revealed two staff members were to assist the resident with all transfers.</p> <p>Observations conducted on 09/19/12 at 6:30 PM, revealed Registered Nurse (RN) #4 was informed by a staff member (name/title unknown) that Resident A requested assistance to be transferred to bed. Continued observations revealed the resident was transferred to bed by facility staff at 7:15 PM, a period of 45 minutes after requested.</p> <p>An interview with Resident A on 09/19/12 at 7:00 PM, confirmed the resident had requested staff assistance to be transferred from the wheelchair to bed at 6:30 PM. Resident A further stated that he/she frequently waited for up to an hour or sometimes longer to be assisted by facility staff with transfers and/or toileting needs.</p>	F 353	<p>Staff education was provided on 9/21/2012 by the Clinical Systems Manager to all nursing staff regarding providing care in a timely manner to meet the needs of residents in accordance with the resident plan of care.</p> <p><i>Measures or Systemic Changes put into Place to Avoid Recurrence</i></p> <p>The Administrator, Social Services and the Director of Nursing developed a 10 point questionnaire to be used for Resident/Responsible Party interviews to determine that sufficient staffing existed to meet the needs of each Resident. These interviews will be conducted for the next two months to determine that sufficient staffing is sustained to meet the needs of the residents.</p> <p>The Administrator, Director of Nursing, Staffing Coordinator and MDS Nurses reviewed the staffing patterns of the facility in conjunction with the completed resident interviews and the Comprehensive Care Plans to determine that the staffing required to meet the needs of the residents is scheduled and in place.</p> <p>The Director of Nursing and the Staffing Coordinator reviews the daily staffing and reports to the Administrator to assure that staffing is adequate to meet the needs of each resident.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 353	Continued From page 10 Interview with RN #4 on 09/19/12 at 7:05 PM, confirmed she had been made aware that Resident A had requested to be transferred to bed at 6:30 PM. The RN stated she had notified two CNAs (CNAs #5 and #6) of the resident's request; however, the RN stated the CNAs have "been too busy to assist the resident." Interview with CNA #5 on 09/19/12 at 7:18 PM, revealed she had not been notified of Resident A's request to be transferred to bed. However, CNA #5 stated at times residents would have to wait approximately 20 minutes for assistance with toileting, related to short staffing. Continued interview revealed CNAs worked double shifts at times due to insufficient staffing. Interview with CNA #6 on 09/19/12 at 7:25 PM, revealed she had been notified of Resident A's request to be transferred to bed but she had been assigned to observe the residents during their smoke break, and had not had time to assist the resident as requested. The CNA stated she had notified another CNA (name unknown) that the resident had requested assistance to go to bed. CNA #6 stated the facility was not adequately staffed to provide the residents' care needs timely, especially during meal times. An interview with CNA #2 on 09/19/12 at 4:20 PM, revealed the facility needed more staff to meet the residents' needs timely. Interview with CNA #4 on 09/19/12 at 7:15 PM, revealed at times staff members have "called in" during their scheduled shift to work and some staff members have terminated their employment	F 353	Staff education was provided by the Clinical Systems Manager and Director of Nursing on 9/21/2012, 10/27/2012 and 10/28/2012 to all nursing staff regarding providing care in a timely manner to meet the needs of residents in accordance with the resident plan of care. Unit Managers are reviewing 24 hour report and staffing assignments to ensure staffing is available and assigned to meet the resident's needs. Any requests for changes in staffing are to go directly to the Director of Nursing. Charge Nurses review the nursing department staffing schedules, assignments and needs of the residents daily to insure that adequate staff are in place to provide care in a timely manner for each resident in accordance with their individual plan of care. Staff education has been given by Clinical Systems Manager and Director of Nursing on 9/21/2012, 10/27/2012 and 10/28/2012 to Charge Nurses regarding supervision and delegation of duties to provide timely care to meet the needs of residents in accordance with the individual plan of care The staffing patterns are reviewed at the daily Continuous Quality Improvement (CQI) meetings to assure that staffing is provided to meet the needs of each resident.	

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F 353	<p>Continued From page 11</p> <p>and, as a result, the facility has been short staffed. The CNA stated facility staff has attempted to replace needed staff members when staffing is short but has not always been able to do so.</p> <p>An interview with CNA #3 on 09/19/12 at 5:05 PM, revealed the facility was in need of more staff to meet the residents' needs. The CNA stated it was four hours into the shift on some days before staff was able to complete incontinence rounds and turning/repositioning the residents because staff was also required to provide residents assistance with feeding and transporting the residents to and from the dining room. Further interview revealed the Unit Manager (UM) had been made aware of the short staffing concerns by CNA #3.</p> <p>Interview with the UM on 09/19/12 at 5:30 PM, revealed the facility had "staffing issues at times," however, the UM stated, "Residents may not get what they have asked for as soon as they want it, but they do get it."</p> <p>Interview with the Director of Nursing (DON) on 09/19/12 at 7:30 PM, revealed facility staff had voiced concerns related to working "short" staffed. The DON stated staff had been working double shifts and the facility had begun looking at hiring more staff and advertising 12-hour shifts to assist with employee retention. The DON further stated she ensured resident needs were met and staffing was adequate by talking to the residents and making observations of resident care when she conducted her "daily rounds."</p>	F 353	<p><i>Plans to Monitor Performance for Sustained Solutions</i></p> <p>Results of CQI Staffing patterns and Resident/Responsible Party interviews will be reviewed by QA Committee monthly to ensure that sufficient staff is available to meet resident's needs. The facility will follow the recommendations of the QA Committee.</p>	10-30-2012	