

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

PRINTED: 01/08/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/20/2012
NAME OF PROVIDER OR SUPPLIER BRANDENBURG NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 814 OLD EKRON RD BRANDENBURG, KY 40108		
(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 survey was conducted on 12/19/12 through 12/20/12 to investigate KY 19516. The Division of Healthcare unsubstantiated the allegation, with unrelated deficiencies cited.	F 000			
F 275 SS=D	483.20(b)(2)(iii) COMPREHENSIVE ASSESS AT LEAST EVERY 12 MONTHS A facility must conduct a comprehensive assessment of a resident not less than once every 12 months. This REQUIREMENT is not met as evidenced by: Based on interview, record review and policy review, it was determined the facility failed to ensure one (1) of five (5) sampled residents, Resident #2 received an annual assessment as required. The findings include: The facility did not provide a policy regarding assessments; however, the facility stated they utilized the Minimum Data Set (MDS) 3.0 RAI Manual as a reference when completing MDS's. Review of Resident #2's clinical record revealed the facility admitted the resident on 05/25/02 with diagnoses of Gout, Hyperpotassemia, Depression, Congestive Heart Failure, Peripheral Vascular Disease, Deep Phlebitis of the leg, Rheumatoid Arthritis and Osteoarthritis. Review of Resident #2's MDS's revealed the last annual assessment occurred on 07/18/11. A	F 275	1. Resident #2 had a comprehensive annual MDS completed on 1-8-13. 2. An audit of all current residents' assessments was completed by the Director of Nursing on 12-24-12 to assure all had completed MDS per RAI and Federal guidelines, any identified concerns will be corrected by 2/2/13. 3. The Regional Reimbursement Nurse educated the MDS Nurse on 1/2/13 regarding scheduling of comprehensive assessments The MDS nurse has developed a tracking/scheduling form to assist with maintaining compliance for all OBRA MDS's.	2-3-13	

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

Betty Appleby

TITLE

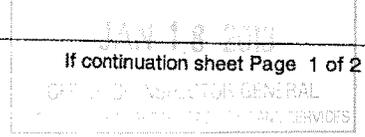
x Adm.

(X6) DATE

1-18-13

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.

SM



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 01/08/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/20/2012
NAME OF PROVIDER OR SUPPLIER BRANDENBURG NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 814 OLD EKRON RD BRANDENBURG, KY 40108		
(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 275	<p>Continued From page 1</p> <p>quarterly occurred on 10/13/11, 12/23/11, 03/09/12, 05/11/12 and 07/27/12. An annual should have occurred in the month of 07/2012.</p> <p>Interview with the MDS Coordinator, on 12/20/12 10:57 AM, revealed the facility received a new system on 07/01/12. The MDS Coordinator stated with the new system she was unable to look before 07/01/12 to ensure the right assessments were being completed. She stated she could have missed it.</p> <p>Interview with the Director of Nursing (DON), on 12/20/12 4:17 PM, revealed she received a copy of the MDS schedule from the MDS Coordinator. The DON stated she signed the MDS when it was completed and saw that Resident #2 was down for a quarterly for the month of July 2012.</p> <p>Record review of the MDS Calendar for the Month of July 2012, revealed Resident #2 was down to receive a quarterly on July 27, 2012.</p> <p>Further interview with the Director of Nursing, revealed she could not understand why the system did not default in the system. With the new system being in affect, the DON stated she would expect the MDS Coordinator to look at the hard record to ensure which assessments needed to be completed. The DON stated Resident #2 would not have received raps with the quarterly assessments because they are only completed with the annual assessment.</p>	F 275	4. The Director of Nursing or Assistant Director of Nursing will review monthly MDS schedules monthly for three(3) months to ensure that proper assessments are completed. The Director of Nursing or Assistant Director of Nursing will review submission records weekly for twelve (12) weeks, then monthly thereafter to ensure three(3) months of continuous compliance. The results of all audits will be reviewed by the Quality Assurance Committee monthly for three (3) months to ensure three(3) months of continuous compliance. Results will continue to be monitored quarterly by the Quality Assurance Committee for the next four (4) quarters. If at any time concerns are identified, the Quality Assurance Committee will convene to review and make further recommendation. The Quality Assurance Committee will consist of at a minimum the Administrator, the Director of Nursing, the Maintenance Director and the Dietary Service Manager, with the Medical Director participating at least quarterly and as needed.		

Page 2 of 2

