

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



PRINTED: 02/21/2012
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185334	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/08/2012
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NAME OF PROVIDER OR SUPPLIER BEAVER DAM NURSING & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1695 US HWY 231 S. BEAVER DAM, KY 42320
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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)	(X6) COMPLETION DATE
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F 000	INITIAL COMMENTS	F 000	Disclaimer: Preparation and execution of this plan of correction does not constitute admission 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 and executed solely because it is required by federal and state law.	
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy/procedure, it was determined the facility failed to provide one resident (#2), in the selected sample of four residents, the right to reside and receive services in the facility with reasonable accomodation of individual needs and preferences. An observation, on 02/08/12, revealed Certified Nurse Aide (CNA) #1 failed to adjust the temperature of the shower room after Resident #2 displayed physical signs of feeling cold and voiced a complaint of being cold during an assisted shower. The findings include: A review of the facility's policy/procedure, "Room Temperature Levels," undated, revealed "It is the polcy of this Center to provide safe and comfortable room temperatures to assure optimal	F 246	483.15 (c) (1) REASONABLE ACCOMIDATION OF NEEDS / PREFERENCES A resident shall reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Criteria # 1: Staff dried off and dressed resident # 2, after assisted shower. CNA #1 was in-scrviced and educated on adjusting the room temperature (to the residents comfort level) not their own. Criteria # 2: All residents have the potential of being affected by this alleged deficient practice. Criteria # 3: All nursing staff members received in-service education on 2/16/12 & 2/23/12 as provided by the DON, which included but not limited to: (1) Staff shall ask the resident's if the shower room temperature is comfortable prior to disrobing and reassess comfort level after shower, offering additional heat adjustment, towels or blankets - to achieve acceptable comfort level for resident. (2) For residents who are unable to verbalize needs - staff shall watch for physical signs of feeling cold.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: George Allen Meyer TITLE: Administrator (X6) DATE: 2-28-12

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 BEAVER DAM NURSING & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1596 US HWY 231 S. BEAVER DAM, KY 42320		
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F 246	<p>Continued From page 1 health and comfort to our residents."</p> <p>A record review revealed Resident #2 was admitted to the facility on 01/09/05 with diagnoses to include Presentile Delusions, Anemia, Congestive Heart Failure and Depression.</p> <p>A review of the quarterly Minimum Data Set (MDS), dated 01/19/12, revealed the facility assessed Resident #2 to be severely cognitively impaired and required total dependence of one staff member for bathing.</p> <p>An observation, on 02/08/12 at 9:55 AM, revealed Resident #2 was transferred by CNA #1, using a sit-to-stand lift from his/her wheelchair to a shower chair. CNA #1 assisted Resident #2 to disrobe and covered him/her with a towel. After disrobing, Resident #2 crossed his/her arms across his/her abdomen. Further observation revealed his/her arms were shaking at this time. CNA #1 stated, "Man, it's hot in here."</p> <p>Observation, during the shower, revealed the temperature of the shower room was at 74.2 degrees Fahrenheit (F); however, Resident #2's arms were still crossed across his/her abdomen, and continued to tighten his/her grip across his/her abdomen. CNA stated, "Am I freezing you?" Resident #2 revealed, "Hurry up. I'm freezing," and CNA #1 stated, "I'm hurrying."</p> <p>Further observation revealed there was no thermostat adjustment by CNA #1 during the resident's shower, or after the resident's complaint of being cold.</p> <p>An interview with CNA #1, immediately after the resident's shower, revealed she did not consider the temperature in the shower room to be a</p>	F 246	<p>Criteria # 4: Temperatures for all three shower rooms will be checked & documented 2 times daily - for 2 weeks, monitoring will be by an administrative staff member, under the supervision of the administrator. The temperatures will be checked & documented weekly or more frequently as indicated, to determine ongoing compliance.</p> <p>Criteria # 5: Target Date</p>	3/5/12	

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F 246	<p>Continued From page 2</p> <p>concern. She stated she forgot to adjust the room temperature because she felt the room was at a comfortable temperature. She stated she should have adjusted the room temperature for the resident's comfort level.</p> <p>Interviews with CNAs (#2, #3, #4, #5, and #6), on 02/08/12 at 12:42 PM, 3:16 PM, 3:24 PM, 3:42 PM, and 4:13 PM, respectively, revealed if a resident complained about the temperature of the shower room, the staff were supposed to adjust the room temperature for the resident's comfort level.</p> <p>Interviews with Licensed Practical Nurses (#1 and #2), on 02/08/12 at 1:02 PM and 1:16 PM, respectively, revealed they expected the staff to adjust the shower room temperature for the resident's comfort level.</p> <p>Interviews with two Assistant Directors of Nursing (ADONs) and the Director of Nursing (DON), on 02/08/12 at 4:20 PM and 4:32 PM, respectively, revealed if a resident had a complaint about the shower room temperature, then the staff were expected to adjust the room temperature for the resident's comfort level.</p>	F 246			