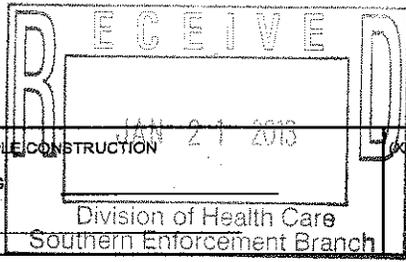


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185173	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 12/27/2012
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NAME OF PROVIDER OR SUPPLIER CUMBERLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORFLEET DRIVE SOMERSET, KY 42501
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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	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 observation, interview, record review, and facility policy review, the facility failed to ensure services were provided in accordance with the plan of care for one of three sampled residents (Resident #1). Resident #1's care plan directed staff to refer the resident to Therapy as needed and to follow Therapy recommendations; however, the facility failed to implement a restorative nursing program as recommended by the Therapy staff when Resident #1 was discharged from Therapy Services on 10/31/12.</p> <p>The findings include:</p> <p>A review of the facility Care Plan Policy (no date) revealed the care plan was developed and maintained to build on the resident's strengths and aid in prevention or reduction of physical declines in the resident's functional status. The Restorative Nursing Care Policy (no date) stated</p>	F 282	<p>F282</p> <p>1. Resident #1 is presently receiving skilled therapy. Resident #1's physician was notified on 11/16/12, that the restorative recommendation was given on 10/31/12 and the program was initiated on 11/16/12. No new orders were noted. The facility Medical Director was notified on 11/16/12 by the DON of the therapy recommendation that was made on 10/31/12 and the restorative program beginning on 11/16/12.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jill Spurgeon</i>	TITLE <i>Adm</i>	(X6) DATE <i>1/21/13</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 282	<p>Continued From page 1</p> <p>the resident's therapy program was developed and coordinated through the resident's care plan.</p> <p>Review of the medical record revealed the facility admitted Resident #1 on 09/27/10 with diagnoses including Amyotrophic Lateral Sclerosis (commonly known as Lou Gehrig's disease), Morbid Obesity, Hypertension, and Arthritis.</p> <p>A review of the comprehensive care plan dated 07/01/12 revealed the facility assessed the resident to have a self-care deficit and developed interventions that included the use of two staff persons for transfers; to assist the resident with dressing on a daily basis; to provide perineal care twice a day and as needed; and to refer the resident to Physical Therapy, Occupational Therapy, and Speech Therapy as needed and to follow Therapy recommendations. A review of the quarterly assessment dated 10/06/12, revealed the facility assessed Resident #1 to be alert/oriented and to require extensive assistance of two staff members for transfers, bed mobility, toileting, and ambulation in the corridor.</p> <p>Resident #1 was observed on 12/27/12, at 9:45 AM to be sitting in a personal recliner chair with his/her lower extremities elevated on the footrest of the chair. The resident's arms were observed to be resting on the padded arms of the recliner chair.</p> <p>A review of the physical therapy notes, dated 10/31/12, revealed Resident #1 was discharged from Physical Therapy Services on 10/31/12 and the Physical Therapist referred the resident to the Restorative Nursing Program. The Physical Therapist's recommendations included that the</p>	F 282	<p>2. A 100% audit of all therapy to nursing referrals was completed by the Director of Nursing, the Unit Managers, the Education and Training Director and the Regional Director of Clinical Services for a period of 30 days from 12/15/12 to 1/15/13 to identify any resident who had a restorative nursing program referral was assessed and is on a program as needed. This was completed on 1/21/13. Any issue identified will be immediately corrected, and the MD and family notified. The resident will be assessed immediately by nursing for any restorative needs or referral to therapy. A 100% audit of all residents not receiving therapy will be completed by the DON, UM, ETD and RDCS to identify any resident who may require restorative nursing to maintain or obtain their highest level of functioning. This was completed by 1/21/13. Any issues identified will be corrected immediately and the resident will be referred to therapy to assess their needs. The MD and family will also be notified immediately. A 100% audit of all care plans will be completed by the DON, UM, ETD, and/or the RDCS to identify any care plan that is not being followed, and/or any care plan that does not reflect resident current needs and/or current status. This will be completed by 1/27/13. The MD and family will be notified of any issues identified and these issues will be corrected immediately.</p>	

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F 282	<p>Continued From page 2</p> <p>Restorative Nursing Program continue to provide the resident with transfer training using the assistance of two persons; and training to walk with the manual assistance of two staff persons and one staff person to push the wheelchair behind the resident. However, a review of the Restorative Program Flow Sheet for November 2012 revealed this program was not implemented for Resident #1 until 11/16/12 (16 days after the referral was made).</p> <p>An interview conducted with Resident #1 on 12/27/12, at 9:55 AM revealed the resident had been at the facility for approximately two years. The resident stated he/she had no movement ability in the bilateral upper extremities, but still maintained some function of the lower extremities. Resident #1 stated he/she had been discharged from Physical Therapy at the end of October 2012 and was supposed to continue exercise with the Restorative Nursing staff. Resident #1 stated no restorative exercises were provided during November 2012. The resident stated he/she believed this was because the Restorative Nurse was terminated and no one else was available to approve the restorative exercise program. Resident #1 stated he/she reported this concern to facility staff. Resident #1 also stated he/she had been in the Restorative Nursing Program at different times while being at the facility and had always received the restorative nursing services as directed.</p> <p>interview conducted with the Physical Therapist (PT) on 12/27/12, at 11:25 AM, revealed Resident #1 was discharged from Therapy Services on 10/31/12 and a referral to continue with transfer and ambulation exercise was given to the</p>	F 282	<p>3. RDCS reeducated the DON, UM, Administrator, and the ETD regarding procedures for care plan development, and resident assessment to ensure that the care plans reflect the resident current needs, ensure that each residents' care is provided per their plan of care, and procedures for therapy to nursing referrals are followed.. And that all residents identified as needing restorative nursing are assessed and referred to restorative nursing within 3 days of receiving referrals. This was completed on 1/21/13. The ETD will then reeducate the SSD, restorative aides and the nursing dept regarding the above. This will be completed by 2/1/13. The DON, and UMs will audit 10 care plans weekly for 6 weeks beginning the week of 2/1/13 to ensure the care plans reflect residents individual need and that the care plan is being followed. All therapy to nursing restorative referrals will be given to the DON the day they are made and the DON will review with the Restorative Nurse to ensure that the resident is assessed for individual needs within 3 days. This will be ongoing. The RCDS will review all therapy to nursing referrals weekly x 4 weeks beginning the week of 1/21/13 to ensure any resident receiving a restorative referral is assessed by nursing for their needs by the end of 3 days.</p>		

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F 282	Continued From page 3 Restorative Nurse Coordinator. The PT stated she believed the restorative nursing exercise program was provided for Resident #1 until the PTA informed her the resident had not received the recommended exercises. The PT could not recall the specific date she was informed. The PT stated she did not report this concern to the facility administrative staff. Interviews conducted with Restorative Nurse Aides #1 and #2 on 12/27/12, at 12:45 PM revealed both nurse aides were aware of the referral for Resident #1 to continue exercise on 10/31/12. However, the nurse aides stated the Restorative Nurse did not direct them to initiate the restorative exercise program for Resident #1. Restorative Nurse Aide #2 stated the restorative program was not implemented for Resident #1 until 11/16/12 after the Restorative Nurse was terminated from the facility. An attempt was made to interview the Restorative Nurse Coordinator on 12/27/12, at 12:10 PM. However, the telephone number provided by the facility was not working and the nurse could not be reached for interview. Interview conducted with the Director of Nurses (DON) on 12/27/12, at 1:10 PM revealed the Restorative Nurse Coordinator was responsible to initiate the exercise program based on the Physical Therapy referral. The DON stated she did not know the exercise program was not implemented for Resident #1 until 11/15/12. The DON further noted the Restorative Nurse Coordinator was terminated from the facility on 11/12/12.	F 282	4. The facility Quality Assurance committee consisting of at least the DON, UM, Administrator, Social Service, the ETD and the facility Medical Director will meet weekly x 4 weeks to review all audit findings and revise the plan as needed. The Quality Assurance Committee will continue to meet monthly ongoing to review the audit findings and the plan. Revisions will continue until no issues are identified. 5. Date of Completion: 2/4/13		
F 311	483.25(a)(2) TREATMENT/SERVICES TO	F 311			

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F 311 SS=D	<p>Continued From page 4</p> <p>IMPROVE/MAINTAIN ADLS</p> <p>A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and a review of the facility's Restorative Nursing policy, the facility failed to provide appropriate treatment and services to maintain or improve the mobility status for one of three sampled residents (Resident #1). Resident #1 was referred to the Restorative Nursing Program after being discharged from Physical Therapy Services for continued exercises for transfer and ambulation on 10/31/12. However, there was no evidence the facility provided restorative nursing services until 11/16/12 (sixteen days later).</p> <p>The findings include:</p> <p>A review of the facility policy entitled "Restorative Nursing Care Policy," (no date) revealed the restorative nursing care program was designed to assist each resident to achieve and maintain an optimal level of self-care and independence. The policy further noted restorative nursing therapy would be completed per individual resident needs and care plan.</p> <p>Review of the medical record revealed the facility admitted Resident #1 on 09/27/10 with diagnoses including Amyotrophic Lateral Sclerosis (commonly known as Lou Gehrig's disease), Morbid Obesity, Hypertension, and Arthritis.</p>	F 311	<p>F311</p> <p>1. Resident #1 is presently receiving skilled therapy. Resident #1's physician was notified on 11/16/12, that the restorative recommendation was given on 10/31/12 and the program was initiated on 11/16/12. No new orders were noted. The facility Medical Director was notified on 11/16/12 by the DON of the therapy recommendation that was made on 10/31/12 and the restorative program beginning on 11/16/12.</p>		

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F 311	Continued From page 5 Further record review revealed a physician's telephone order written on 09/20/12 for Physical Therapy to treat the resident five days a week to provide therapeutic exercises/activities, gait training, and electrical stimulant (e-stim) exercise for muscle stimulation. According to the physical therapy notes, Resident #1 was discharged from Physical Therapy Services on 10/31/12 and referred to the Restorative Nursing Program. The Therapy recommendations to the Restorative Nursing Program included to continue to provide Resident #1 with transfer training with the assistance of two staff persons and to provide training for the resident to walk using the direct manual assistance of two staff persons and one staff person to push the wheelchair behind the resident. However, a review of the Restorative Program Flow Sheet for November 2012 revealed this program was not implemented for Resident #1 until 11/16/12. Review of the quarterly assessment dated 10/06/12, revealed the facility assessed Resident #1 to be alert/oriented and to require extensive assistance of two staff persons for transfers, bed mobility, toileting, and ambulation in the corridor. The assessment also revealed the resident was receiving Physical Therapy services five days per week during the reference look-back period. Resident #1 was observed on 12/27/12, at 9:45 AM to be sitting in a personal recliner chair with his/her lower extremities elevated on the footrest of the chair. The resident's arms were observed to be resting on the padded arms of the recliner chair.	F 311	2. A 100% audit of all therapy to nursing referrals was completed by the Director of Nursing, the Unit Managers, the Education and Training Director and the Regional Director of Clinical Services for a period of 30 days from 12/15/12 to 1/15/13 to identify any resident who had a restorative nursing program referral was assessed and is on a program as needed. This was completed on 1/21/13. Any issue identified will be immediately corrected, and the MD and family notified. The resident will be assessed immediately by nursing for any restorative needs or referral to therapy. A 100% audit of all residents not receiving therapy will be completed by the DON, UM, ETD and RDCS to identify any resident who may require restorative nursing to maintain or obtain their highest level of functioning. This was completed by 1/21/13. Any issues identified will be corrected immediately and the resident will be referred to therapy to assess their needs. The MD and family will also be notified immediately. A 100% audit of all care plans will be completed by the DON, UM, ETD, and/or the RDCS to identify any care plan that is not being followed, and/or any care plan that does not reflect resident current needs and/or current status. This will be completed by 1/27/13. The MD and family will be notified of any issues identified and these issues will be corrected immediately.		

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F 311	<p>Continued From page 6</p> <p>An interview conducted with Resident #1 on 12/27/12, at 9:55 AM revealed the resident had been at the facility for approximately two years. The resident stated he/she had no movement ability in his/her upper extremities, but still maintained some function of the lower extremities. Resident #1 stated he/she had been discharged from Physical Therapy at the end of October 2012 and was to receive continued exercise by the Restorative staff. Resident #1 stated no restorative exercises were provided during November 2012. The resident stated he/she believed this was due to the Restorative Nurse being terminated and no one else was available to approve the restorative exercise program. Resident #1 stated he/she reported this concern to the Physical Therapy staff and to the facility Social Services Director (SSD). Resident #1 also stated he/she had been in the Restorative Nursing program at different times while being at the facility and had always received the restorative nursing services.</p> <p>Interview conducted with the Physical Therapy Assistant (PTA) on 12/27/12, at 10:55 AM revealed she had provided the prescribed exercise program for Resident #1 during September and October 2012. The PTA stated when a resident was discharged from Therapy a referral form was completed and given to the Restorative Nurse Coordinator and the Director of Nurses (DON). The PTA stated the referral form contained instructions for continued exercises for the resident and the Restorative staff (nurse and nurse aides) received training from the Therapy staff regarding the recommended exercise program. The PTA stated she had heard from other staff members that Resident #1 was not</p>	F 311	<p>3. RDCS reeducated the DON, UM, Administrator, and the ETD regarding procedures for care plan development, and resident assessment to ensure that the care plans reflect the resident current needs, ensure that each residents' care is provided per their plan of care, and procedures for therapy to nursing referrals are followed.. And that all residents identified as needing restorative nursing are assessed and referred to restorative nursing within 3 days of receiving referrals. This was completed on 1/21/13. The ETD will then reeducate the SSD, restorative aides and the nursing dept regarding the above. This will be completed by 2/1/13. The DON, and UMs will audit 10 care plans weekly for 6 weeks beginning the week of 2/1/13 to ensure the care plans reflect residents individual need and that the care plan is being followed. All therapy to nursing restorative referrals will be given to the DON the day they are made and the DON will review with the Restorative Nurse to ensure that the resident is assessed for individual needs within 3 days. This will be ongoing. The RCDS will review all therapy to nursing referrals weekly x 4 weeks beginning the week of 1/21/13 to ensure any resident receiving a restorative referral is assessed by nursing for their needs by the end of 3 days.</p>		

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F 311	<p>Continued From page 7</p> <p>walking with Restorative staff approximately "one to one and a half weeks" after the resident had been discharged. The PTA stated she talked with the Restorative Nurse Coordinator and the nurse said she was afraid to ambulate the resident. The PTA stated she did not report this concern to the facility Administrator or DON.</p> <p>Interview with the Social Services Director (SSD) on 12/27/12, at 11:15 AM, revealed Resident #1 had reported he/she had not received restorative exercises to her sometime around the first of November 2012. The SSD stated she completed a resident concern form on 11/09/12, and gave it to the Administrator. The SSD stated she visited the resident frequently and he/she had offered no further complaints.</p> <p>The Physical Therapist (PT) confirmed in interview on 12/27/12, at 11:25 AM the therapy referral was given to the Restorative Nurse after Resident #1 had been discharged from Therapy services on 10/31/12. The PT stated she believed the restorative nursing exercise program had been provided for Resident #1 until the PTA had informed her the resident had not received the recommended exercises. The PT further stated she did not report this concern to the facility administrative staff.</p> <p>Interviews conducted with Restorative Nurse Aides #1 and #2 on 12/27/12, at 12:45 PM revealed both nurse aides were aware of the referral for Resident #1 to continue exercise on 10/31/12. However, the nurse aides stated the Restorative Nurse did not direct them to initiate the restorative exercise program for Resident #1. Restorative Nurse Aide #2 stated the restorative</p>	F	<p>4. The facility Quality Assurance committee consisting of at least the DON, UM, Administrator, Social Service, the ETD and the facility Medical Director will meet weekly x 4 weeks to review all audit findings and revise the plan as needed. The Quality Assurance Committee will continue to meet monthly ongoing to review the audit findings and the plan. Revisions will continue until no issues are identified.</p> <p>5. Date of Completion: 2/4/13</p>	

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F 311	Continued From page 8 program was not implemented for Resident #1 until 11/16/12, after the Restorative Nurse was terminated from the facility. Interview conducted with the facility Administrator on 12/27/12, at 1:50 PM revealed she received the concern report related to Resident #1 from the SSD on 11/10/12. The Administrator stated although an investigation was initiated into the concern, the Restorative Nurse was absent from work and the reason the restorative program had not been implemented could not be determined. The Administrator stated she waited for the Restorative Nurse to return to work; however, the nurse was terminated from the facility on 11/12/12 due to excessive absenteeism and did not return to work. The Administrator stated the restorative program was implemented for Resident #1 on 11/16/12.	F 311			