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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	185177		R-C 01/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON MANOR NURSING HOME	505 WILLIAM THOMASON BYWAY LEITCHFIELD, KY 42754

(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 Based on implementation of the acceptable POC, the facility was deemed to be in compliance on 12/09/14 as alleged.	{F 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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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PRINTED: 12/10/2014
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	185177	A. BUILDING _____ B. WING _____	C 11/26/2014

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F 000	INITIAL COMMENTS An Abbreviated Survey investigating complaints KY#22511, KY#22477, and KY#22441 was conducted on 11/18/14 through 11/26/14 to determine the facility's compliance with Federal requirements. KY#22511, KY#22477 and KY#22441 were unsubstantiated with an unrelated deficiency cited at a Scope and Severity of a "E".	F 000	**PLAN OF CORRECTION GRAYSON MANOR NURSING HOME SURVEY COMPLETION DATE OF November 26, 2014**	
F 312 SS=E	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy and procedure, it was determined the facility failed to provide the necessary services to maintain personal hygiene for five (5) of nine (9) sampled residents (Residents #1, #2, #3, #4, and #6). Residents #1, #2, #3, #4 and #6 were not provided showers/baths twice a week per the facility's standard of practice. The findings include: 1. Review of the facility's policy titled "Shower", (undated), revealed the purposes of the procedure are to promote cleanliness and comfort, to relax the resident, to stimulate circulation, and to observe the condition of the	F 312	**F 312** Resident's #1, #2, #3, #4, and #6 were given a shower or bed bath by the Certified Nurse Aides that were assigned to give baths on November 28th 2014. All SNF/NF residents bathing schedules were reviewed from November 24th thru November 30th 2014. Those residents found to have only been offered less than two baths in that week was given a shower by Director of Nursing, Restorative Nurse LPN, Personal Care Coordinator CMA and the Administrator on December 2, 2014. On November 24, 2014 the class that Grayson Manor sent to Elizabethtown Community College	

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JAN 2015
OFFICE OF INSPECTOR GENERAL

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Judith B Vance Administrator January 7, 2015

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F 312	Continued From page 1 resident's skin. Staff should document the signature and title of the person documenting the data. In the event the resident does not receive the bath as care planned, the charge/staff nurse must be notified for further assessment of the resident and/or to develop alternate care. Interview with Director of Nursing (DON), on 11/25/14 at 9:30 AM, revealed the facility's policy does not address how often residents are to receive showers or baths. She stated the facility's standard of practice related to hygiene was utilized from (Mosby's textbook for Long Term Care Nursing Assistants sixth edition page 290), which states Geriatric residents require a complete bed path or shower twice a week with partial baths taken the other days. The DON further stated the residents should be receiving two showers a week and given a bed bath prior to physicians appointments, if requested. Record review revealed the facility admitted Resident #1 on 02/26/09, with diagnoses which included Congestive Heart Failure, Diabetes Mellitus Type II, and Alzheimer's Disease. Review of the annual Minimum Data Set (MDS) assessment, dated 01/13/14, revealed the facility assessed Resident #1's cognitive status as severely impaired with a Brief Interview of Mental Status (BIMS) score of a "3", indicating the resident was not interviewable. The resident requires assistance of on staff with part of the bathing activity. Review of the Profile History Report (Certified Nurse Aide (CNA)Care Plan), dated 11/19/14 through 11/25/14, revealed Resident #1 required limited assistance of one with bathing.	F 312	for Nurse Aide classes got their results and could start to work without restrictions. On August 29, 2014 Grayson Manor received a waiver from the Department of Medicaid to teach nurse aid classes and on September 15, 2014 Grayson Manor received a waiver from the Department of Medicaid in order to teach the classes On-Line. On November 19, 2014 the first on-line class was tested and we received their results on December 08, 2014. On December 08, 2014 the second on-line class of nine students was started. On December 08, 2014 two CNAs were promoted to dedicated bath aides. The Director of Nursing RN, Restorative Nurse LPN, Personnel Care Coordinator CMA and Administrator will give baths as needed for example if routine bath aide is absent and a replacement is not found one or all of the above will give baths. All staff was educated on December 1, 2014 by the In-service Coordinator regarding residents who are unable to carry out activities of daily living to make sure the residents receive the necessary services to maintain good nutrition, grooming and personal and oral hygiene. A post-test was given and staff was	

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F 312	Continued From page 2 Review of the Bath Type Detailed Report (computer generated flow sheet for care provided), for 10/19/14 through 11/19/14 revealed the resident had three (3) showers (on 10/24/14, 11/07/14, 11/18/14) during the four (4) week period of time and the resident should have been offered eight (8) baths/showers during this time. 2. Record review revealed the facility admitted Resident #2 on 09/28/05 with diagnoses which included Alzheimer's Disease, Hypothyroidism, and Obesity. Review of the annual MDS assessment, dated 04/11/14, revealed the facility assessed Resident #2's cognition as severely impaired with a BIMS score of "4" indicating the resident was not interviewable. The resident is totally dependent one one person for bathing. Review of the Profile History Report, dated 11/17/14 through 11/25/14, revealed Resident #2 required limited assistance of one with hygiene. Review of Bath Type Detailed Report, for 10/19/14 through 11/19/14, revealed the resident had five (5) showers/baths (on 10/27/14, 10/31/14, 11/03/14, 11/10/14, and on 11/17/14) during the four (4) week period and the resident should have been offered eight (8) baths/showers during this time. 3. Record review revealed the facility admitted Resident #3 on 10/24/14 with diagnoses which included Amputation of Leg Unilateral Below Knee, Anemia, Muscle Weakness, and Hypertension.	F 312	required to receive 100 % on the post test. If staff did not make 100%, they were not allowed to work until the test was retaken with a score of 100 % Those staff that did not comply with education training were removed from the working schedule until this has been completed. This education included the importance of good nutrition, grooming and personal as well as oral hygiene. This will specifically address the importance of maintaining a bathing schedule and preventing other inadequate care as well as plans for interventions in the event the schedule is not followed. On December 08, 2014 the Quality Assurance Coordinator implemented an audit on the activities of daily living in residents who are unable to accomplish these by their self. This includes but is not limited to bathing, grooming to insure grooming and bathing schedules are followed, and residents receive the care needed. The charge nurses will conduct this audit daily for 7 days then weekly times four weeks then monthly times 3 months then quarterly maintaining 100 % compliance.	

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F 312	Continued From page 3 Review of the admission MDS assessment, dated 11/05/14, revealed the facility assessed Resident #3 as moderately impaired with a BIMS score of "10" indicating the resident was interviewable. The resident requires limited assistance of two person for personal hygiene and bathing did not occur during the observation period. Review of Profile History Report, for 11/19/14 through 11/25/14, revealed Resident #3 required limited assistance of one (1) with bathing. Review of the Bath Type Detailed Report, for 10/24/14 through 11/19/14, revealed the resident did not receive a shower/bed bath until one (1) week after admission. Interview with Resident #3, on 11/26/14 at 8:45 AM, revealed the first shower the resident received was a week after he/her was admitted. The resident stated he/she didn't think he/she should have to ask for a bath and he/she thought staff would ask about giving some type of bath or shower. Interview with Resident #3's Niece, on 11/18/14 at 4:30 PM, revealed the resident has been admitted here for three (3) weeks and has only had two (2) showers. She stated when she asked a nurse about it she was told they have scheduled shower days two (2) times a week and the resident had not been cleaned up between the shower days. 4. Record review revealed the facility admitted Resident #4 on 05/17/10 with diagnoses which included Late Effects Cerebrovascular Disease, Hypertension, Muscular Wasting and Disuse Atrophy.	F 312	The Quality Assurance Coordinator will monitor the audit results and if problems are identified the problems will be taken to the Administrator and Nursing Administration which includes the (DON, Restorative Nurse, Quality Assurance Coordinator, and two RAI Nurses) immediately. Nursing administrations role in this QA audit is to review any QA problems identified brought forth by the Quality Assurance Coordinator and initiate alternative measures accordingly. Problems identified and alternative measures initiated will be discussed at the scheduled QA Committee meeting. QA Committee members include Joey Vance, Administrator, Vanessa Logsdon, Director of Nursing, Linda Duke RN, Quality Assurance Coordinator/Nurse Aide Trainer, Julie Mudd LPN, Restorative Nursing, Tracy Pharris LPN, RAI Nurse, Trent Blacketer, PCA Pharmacy Consultant, Sherry Dennis, Dietary Supervisor, Debbie Clack, Activity Supervisor, Ed Cubbage, Maintenance Supervisor, Allen Chambers, Maintenance, Alexis Chitwood, Social Services, Emily Lawrence, Social Services, Carry Sweet, Medical Records, Brenda Elmore, Housekeeping	

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F 312	Continued From page 4 Review of the annual MDS assessment, dated 06/19/14, revealed the facility assessed Resident #4's cognition as cognitively intact with a BIMS score of "13" indicating the resident was interviewable. The resident requires total dependance and two person physical assist with bathing. Review of the Profile History Report, for 09/22/14 through 11/25/14, revealed Resident #4 required assistance of two with bathing and has total bowel and bladder incontinence. Review of the Bath Type Detailed Report, for 10/19/14 through 11/19/14, revealed the resident received or refused five (5) showers (on 10/24/14, 10/27/14, 11/04/14, and 11/11/15 and refused a shower on 10/28/14) during the four (4) week period and the resident should have been offered eight (8) showers/baths during this time. Interview with Resident #4, on 11/18/14 at 3:15 PM, revealed he/she has not had a bath for two (2) weeks and he/she didn't get a shower last week because they pulled the bath aid to work the floor. The resident continued to state they might give me a bath if I ask them but I haven't got one yet. 5. Record review revealed the facility admitted Resident #6 on 08/01/08 with diagnoses which included Alzheimer's Disease, Insomnia, and Anxiety. Review of the quarterly MDS assessment, dated 08/20/14, revealed the facility assessed Resident 36's cognition as moderately impaired with a BIMS score of "9" indicating the resident was	F 312	Supervisor, Tonya Tilford LPN, Wound Care/Infection Control, Rhonda Downard, Ward Clerk, Angie Edwards, Dietary, Margaret Saltsman, Housekeeping, Jamie Pagel Certified Nurse Aide, Christal Butler Certified Medication Aide, Patricia Gibson Assistant Dietary Supervisor, Angela Payton, LPN, RAI Nurse, Dr. Kenneth Green, Medical Director. This audit will be conducted as part of the Facility's Quality Assurance Program	12/9/2014

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F 312	Continued From page 5 interviewable. The resident requires total dependance and one person physical assist with bathing. Review of the Profile History Report, for 09/03/14 through 11/25/14 revealed Resident #6 required assistance of one with bathing and has incontinence episodes with bowel and bladder. Review of the Bath Type Detailed Report, for 10/19/14 through 11/19/14, revealed the resident had six baths/showers (on 10/24/14, 10/28/14, 10/31/14, 11/03/14 and 11/11/14) during the four (4) week period and the resident should have been offered eight (8) showers/baths during this time. Interview with CNA #1, on 11/19/14 at 2:30 PM, revealed the residents are missing their baths because there is not enough staff. She stated they have stopped giving baths on Wednesdays and the weekends due to staffing problems. Interview with CNA #3, on 11/20/14 at 1:50 PM, revealed she works as a CNA and a bath aide. She stated residents are not getting baths because of the shortage of staff and they try to get every resident a shower at least once a week. She revealed they are not able to complete all scheduled baths in one day, and that today she had nineteen (19) baths to give at 11:00 AM. She stated if they pull the bath aide to work the floor no one gets a shower and she does not think the residents are getting bed baths if they miss their shower. Interview with CNA #4, on 11/20/14 at 3:10 PM, revealed she works most of the time with the restorative program but due to the staffing	F 312		

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F 312	Continued From page 6 shortage has been trying to help out. She stated on 11/15/14 she had documented on her notes that she shaved all the male residents because she noticed they all needed shaving and there was no bath aide scheduled that day. Interview with CNA #2 on 11/20/14 at 3:40 PM, revealed he thinks the residents are suffering because we can't get everything done and they don't get the amount of baths that they should because we don't have enough shower aids. He stated the shower aides are pulled a lot from first shift to either work the floor or work other shifts. Interview with LPN #1, on 11/26/14 at 10:30 AM, revealed she was aware that some of the residents were only getting a bath every seven (7) to eight (8) days and she was letting the Charge Nurse know every day who is on the bath list daily. She stated if they don't have a shower aide scheduled the nurse aide on the floor is responsible to give a bed bath but due to staffing problems that's a lot of baths. LPN #1 stated she didn't think residents have gone longer than eight (8) to ten (10) days without a bath and the bath aides are getting pulled at least two times a week to work on the floor. She also stated they have stopped giving showers on Saturdays due to the problem with scheduling. She stated she is the one responsible to reassign baths and make changes if needed. Interview with Director of Nursing (DON), on 11/26/14 at 10:00 AM, revealed no staff member has reported to her that the baths are not getting done. She stated the bath aides bring a shower list to LPN #1 (Charge Nurse for Restorative and Bath Aides) each day after completing the showers. She stated the baths are scheduled by	F 312		

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F 312	Continued From page 7 room numbers. She revealed rooms twenty eight (28) through sixty four (64) are given on Mondays and Thursdays and rooms forty five (45) through sixty three (63) are given on Tuesdays and Fridays and Wednesdays are used as make-up days. The DON further stated the residents who do not receive a shower are moved to the top of the list for the next bath day. She stated she did not think it was acceptable for a resident to go a week without a shower or bed bath.	F 312		