

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

PRINTED: 05/16/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185254	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/03/2013
NAME OF PROVIDER OR SUPPLIER  RIDGEWAY NURSING & REHABILITATION FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 406 WYOMING ROAD OWINGSVILLE, KY 40360	
(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  A Recertification Survey was conducted 05/01/13 through 05/03/13. Deficiencies were cited with the highest Scope and Severity of a "D".	F 000		
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 and interview it was determined the facility failed to ensure reasonable accommodations of individual needs for one (1) of fifteen (15) sampled residents (Resident #1). Resident #1 was observed to have the call bell attached to the head of the bed; however, it was not easily accessible for this resident. In addition, interviews revealed there had been observations where the call bell was not in reach.  The findings include:  Review of Resident #1's medical record revealed diagnoses which included Persistent Mental Disorder, Advanced Dementia, and Anxiety. Review of the Quarterly Minimum Data Set	F 246	Resident #1 did not have the physical or mental ability to use the call light.  1. Resident #1 was discharged on 05-08-13 per her family's request.  2. All residents' orders and plans of care have been reviewed by the Director of Nursing and/or Quality Assurance Nurse to ensure individual needs and preferences are being met. All call lights have been placed for easy access for the residents.  3. An in-service will be conducted with all nursing staff by 05-31-13. Staff will be instructed on proper placement of call lights.  4. As part of the facility's ongoing quality assurance program the Director of Nursing will visit and document on 10% of residents to ensure the call lights and other individual needs and preferences are	

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

*Sally Baxton*

TITLE

*Administrator*

(X6) DATE

*06-05-13*

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.

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F 246	<p>Continued From page 1</p> <p>(MDS) Assessment, dated 03/22/13, revealed the facility assessed the resident as having both short and long term memory impairment, as requiring extensive assistance with transfers, dressing, hygiene, and bathing, and as Incontinent of bowel and bladder.</p> <p>Review of the Comprehensive Plan of Care dated 04/08/13, revealed the resident had bladder incontinence related to confusion, physical limitations, Dementia, impaired mobility, inability to communicate needs/comprehend information due to profound hearing loss, poor toileting habits, and noncompliant behaviors. The interventions included keeping the call bell in reach.</p> <p>Interview with the resident's Power of Attorney (POA), on 05/03/13 at 10:00 AM, revealed she had been in the resident's room at times and observed that the call bell was not in reach and she had notified administrative staff.</p> <p>Interview on 05/03/13 at 11:00 AM with the ombudsman, revealed she had observed the resident's call bell was not in reach on 04/23/13 when she visited and she had spoken with staff.</p> <p>Observation, on 05/03/13 at 11:30 AM, revealed Resident #1 was in bed lying on his/her back. The call bell was pinned to the head of the bed behind the resident's head.</p> <p>Interview with Licensed Practical Nurse (LPN) #2, on 05/03/13 at 11:40 AM, who was assigned to the resident, and observed the call bell at the head of the bed, revealed the call bell was not in easy reach for this resident.</p>	F 246	<p>being met through interview and observation. These audits will continue for the next 3 months and discontinue if no additional issues are found.</p> <p>5. 06-01-13</p>

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F 246	Continued From page 2				
F 281	<p>Interview, on 05/03/13 at 6:00 PM, with the Director of Nursing (DON), revealed the call bell should be in reach at all times, and she was unaware of any concern from the family regarding the call bell not being in reach.</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>SS=D</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure services provided by the facility met professional standards of quality for one (1) of fifteen (15) sampled residents (Resident #1). Resident #1 had Physician's Orders to ensure the abdominal binder was in place at all times to protect the gastric tube; however, interviews revealed the abdominal binder was not always in place.</p> <p>The findings include:</p> <p>Review of Resident #1's medical record revealed diagnoses which included Advanced Dementia, Dysphagia, a History of Dehydration, and Significant Weight Loss with a gastric tube placed 01/21/13. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 03/22/13, revealed the facility assessed the resident as having both short and long term memory loss and as requiring extensive assistance with Activities of Daily Living</p>	F 246			
		F 281	<p>Resident #1 receives an oral tray in addition to enteral feedings. An abdominal binder was ordered to help prevent the resident from pulling at the G-tube, the issue of the binder was mentioned one time and an additional binder was obtained.</p> <p>It is and was on the day of survey the policy of Ridgeway Nursing and Rehabilitation to provide/or arrange services that meet professional standards of quality.</p> <p>1. Resident #1 was discharged on 05-08-13 per family's request.</p> <p>2. All resident's physician's orders have been reviewed by the Director of Nursing and Quality Assurance Nurse to ensure they are being implemented consistently.</p>		

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F 281	<p>Continued From page 3 (ADL's).</p> <p>Review of the Physician's Orders, dated April 20 13, revealed orders for an abdominal binder at all times to protect the gastric tube.</p> <p>Interview, on 05/02/13 at 10:00 AM, with Resident #1's daughter revealed two (2) weeks ago when she visited, Resident #1 did not have the abdominal binder on and Licensed Practical Nurse (LPN) #3 had to find it. She stated she was concerned the resident would pull the gastric tube out and felt this could cause harm to the resident if the binder was not in place .</p> <p>Interview, on 05/02/13 at 1:32 PM, with State Registered Nursing Assistant (SRNA) #1, revealed she was assigned to Resident #1 regularly for three months 01/13, 02/13, and most of 03/13. She stated the resident was to wear a wrap or binder around the midsection over the gastric tube that closed in the back. She stated if the binder got dirty from tube feeding and was being washed it would be off the resident until it was laundered. She stated she was assigned to the resident once when the binder was being washed and she notified the Director of Nursing (DON). Continued Interview revealed the binder was washed a few times until a new one came in from shipment and at those times the resident did not have another binder to wear. She stated she had seen Resident #1 pull on the gastric tube and dig around it.</p> <p>Interview, on 05/02/13 at 1:47 PM, with SRNA #2 revealed she was assigned to Resident #1 quite a bit and there were times when the resident was not wearing the binder because it was being</p>	F 281	<p>3. Nursing staff will be in-serviced on 05-31-13 by Director of Nursing on assuring all care plans interventions are in place as ordered by the physician.</p> <p>4. As part of the facility's quality assurance program the Quality Assurance Nurse will audit 5 residents weekly to ensure all interventions are being applied and physician's orders are being followed.</p> <p>5. 06-01-13</p>	

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F 281

Continued From page 4  
laundered.

F 281

Interview, on 05/02/13 at 5:30 PM, with Licensed Practical Nurse (LPN) #3 revealed there was one time she remembered the resident did not have an abdominal binder on because it was in the laundry and since then they had ordered another one.

Interview, on 05/03/13 at 10:00 AM, with the Power of Attorney (POA), revealed there were times the resident did not have the abdominal binder on and she was concerned the resident may pull the gastric tube out.

Interview, on 05/03/13 at 10:30 AM, with the Ombudsman revealed she visited the facility on 04/23/13 and Resident #1's daughter was in the room and complained the resident did not have the abdominal binder on and Licensed Practical Nurse (LPN) #3 was notified.

Interview, on 05/03/13 at 6:00 PM, with the DON, revealed Resident #1 was to have two (2) binders in case one (1) was in the laundry. She did not remember the issue being brought up by staff or the family.

Interview, on 05/03/13 at 3:00 PM, with the Attending Physician revealed the resident was to wear the abdominal binder at all times due to the concern that the resident may pull the gastric tube out which would prevent the resident from receiving tube feeding/fluids until it could be replaced.

F 323

483.25(h) FREE OF ACCIDENT  
SS=D HAZARDS/SUPERVISION/DEVICES

F 323

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F 323 Continued From page 5  
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:  
Based on observation, interview, record review, and review of the facility's policies, it was determined the facility failed to ensure supervision to prevent accidents. Observation on 05/03/13 revealed a cup of medications was left unattended at the bedside of Resident #6. In addition, observation on initial tour revealed a bottle of hydrogen peroxide at the sink in Room A-14.

The findings include:

1. Review of the facility "Medication Administration Policy, undated revealed medications were to be administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. The Policy stated the facility had sufficient staff to allow administering of medications without unnecessary interruptions.

Observation, on 05/03/13 at 5:00 PM, revealed Resident #6 was lying in the bed with her/his eyes closed. There was a cup of pills on the bedside table and no staff in the room.

F 323 F 323  
It is and was on the day of survey the policy of Ridgeway Nursing and Rehabilitation to ensure that the residents' environment remains free of accident hazards.

1. The medications left at the bedside of resident #6 were a vitamin and supplement. These medications were immediately administered. The hydrogen peroxide was immediately removed from the sink area. No residents were effected by the improper storage of the peroxide.

2. All resident care areas have been reviewed by the Administrator, Director of Nursing and Housekeeping Supervisor to ensure that no other accident hazards are present. This audit was conducted on 05-07-13 and 05-08-13.

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F 323

Continued From page 6  
Interview, on 05/03/13 at 5:05 PM, with Certified Medication Tech (CMT) #1, revealed she had taken the pills in the room and got "side tracked". She stated she normally observed the residents take their medication. Continued interview revealed the medications consisted of a ferrous sulfate 325 milligrams (mg's) and a vitamin C 250 mg's.

Review of the Physician's Orders, dated May 2013 and the Medication Administration Record dated May 2013 revealed the ferrous sulfate 325 mg's and the vitamin C 250 mg's was scheduled to be administered at 5:00 PM.

Interview with the Director of Nursing (DON), on 05/03/13 at 6:00 PM, revealed staff was not to leave medications in residents' rooms. Continued interview revealed there were wandering residents in the hall.

2. Review of the facility's "Medication Storage in the Facility", Policy, undated, revealed medications and biologicals were to be stored safely, and properly, following manufacturer's recommendations or those of the supplier. Potentially harmful substances were to be clearly identified and stored in a locked area separately from medications.

Observation on Initial tour, on 05/01/13 at 9:15 AM, revealed a bottle of Hydrogen Peroxide in Room A-14 by the sink. The label on the bottle stated, keep out of reach of children and call poison control if swallowed.

Interview at the time of the observation with Licensed Practical Nurse (LPN) #1 revealed the

F 323

3. An in-service was conducted with the Certified Medication Technician, responsible for leaving the medication at the resident's bedside. The in-service was conducted by the Director of Nursing on 05-17-13.

All nursing staff will be educated on 05-31-13 related to proper storage on chemicals and biological by the Director of Nursing.

4. As part of the facility's ongoing quality assurance program all department supervisors will conduct a safety audit monthly specifically looking for accident hazards. These audits will be made part of the facility's safety program which is incorporated in the Continuous Quality Assurance Program. The Administrator and department supervisors are part of these committees. Immediate action will be taken when potential accident hazards are noted. Any such situation will be reported to the Administrator.

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F 323

Continued From page 7  
Hydrogen Peroxide should not be left in the room, but was to be stored in the treatment cart or medication room. She stated there were wandering and confused residents in the facility.  
  
Interview with the DON, on 05/03/13 at 6:00 PM, revealed the Hydrogen Peroxide was not to be left in resident rooms and was to be stored in the treatment cart once it was opened.

F 323

The above mentions audits will be conducted for the next three months if no other issues are noted the audits will be conducted on a random basis.  
  
Monthly the pharmacy will conduct a medication pass audit/observation.  
  
Daily the Housekeeping Supervisor and her staff will observe the resident care area for any chemicals or biological which are improperly stored. If accident hazards are found this will be corrected immediately and reported to the Administrator.  
  
5. 06-01-13

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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a) Building: 02 Plan Approval: 03/06/2012 Survey under: NFPA 101 (2000 edition) Facility type: SNF/NF Type of structure: Type (111) Smoke Compartment: One (1) Fire Alarm: Complete fire alarm (New) Sprinkler System: Complete sprinkler system (New) Generator: Type II (New)</p> <p>An abbreviated Life Safety Code survey for a bed change (New Edition Construction) was initiated and concluded on 05/01/2013. Ridgeway Nursing and Rehabilitation was found to be in compliance with the requirements for participation in Medicare and Medicaid.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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