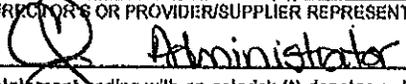


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 188312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/11/2013
NAME OF PROVIDER OR SUPPLIER PADUCAH CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH THIRD STREET PADUCAH, KY 42001	
(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	F.000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Paducah Care and Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>F282</p> <p>02/05/13</p> <p>Resident #4 was toileted and activities of daily care provided including pericare, on 01/10/13 by nurse aide. No further odors noted. Resident #4 was re-assessed by a licensed nurse on 01/11/13 for bed/chair alarms and the plan of care updated as indicated. CNA #2 was re-educated on 01/11/13 by the Director of Nursing on providing services to the residents in accordance with the resident's written plan of care.</p> <p>Current residents Care Plans/Care Cards were reviewed by the Director of Nursing and Unit Manager on 01/30/13 for residents with incontinence and at risk for falls for appropriate toileting programs and interventions, and updated as indicated.</p> <p>Nursing staff were re-educated on 01/16/13 by the Director of Nursing and Assistant Director of Nursing on providing services to the residents in accordance with the resident's written plan of care to include toileting programs, assistance with activities of daily living (ADL) and fall interventions.</p>	
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 review of the facility policy and procedure, it was determined the facility failed to ensure services were provided by qualified persons in accordance with each resident's written plan of care, for one resident (#4), in the selected sample of six residents, related to fall interventions and providing assistance with Activities of Daily Living (ADL).</p> <p>Findings include:</p> <p>A review of the Care Plan policy, dated 01/08, revealed the Interdisciplinary Team (IDT) was responsible for the implementation of the resident care plan.</p> <p>A record review revealed Resident #4 was admitted to the facility on 12/06/12 with diagnoses</p>	F 282		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				
 Administrator 01/31/13				

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 282	<p>Continued From page 1</p> <p>to include Pelvic Fracture and Mild Dementia. A review of the Comprehensive Care Plan, dated 12/06/12, 12/10/12, and 12/12/12, revealed interventions to assist the resident with transfers and ambulation using one assist and a walker. The care plan revealed the resident required assistance of one with most ADL care. The resident's toileting plan included to prompt the resident to void before and after meals and at night. Interventions for the potential for skin breakdown included to keep the skin clean and dry and provide pericare if incontinence occurred. The CNA care plan indicated to ensure a sensor alarm to the resident's bed and chair.</p> <p>An observation, on 01/09/13 at 9:15 AM, revealed Resident #4 transferred his/herself to the chair from the wheelchair during an interview in the resident's room. Neither the chair or the wheelchair had an alarm noted. An observation on 01/10/13 at 10:00 AM, revealed the resident was sitting in her room, up in the chair without a sensor alarm noted. A clip alarm was attached to the chair; however, it was not clipped to the resident. On 01/10/13 at 12:10 PM, the resident was observed ambulating around his/her bed while making it up, with no alarm sounding and no staff present.</p> <p>An observation, on 01/10/13 at 1:50 PM, revealed a strong urine odor was noted in the private room of Resident #4. An interview with the resident at that time revealed he/she was "not" incontinent and does not need any help with his/her care.</p> <p>An interview with CNA #2, on 01/10/13 at 2:20 PM, revealed he was responsible for Resident #4 on 01/10/13 from 7:00 AM to 3:00 PM. He</p>	F 282	<p>The Director of Nursing, Assistant Director of Nursing or Unit Manager will review five residents per week for one month and three residents per week for one month then five per month for one month to ensure staff are providing services to the residents in accordance with the resident's written plan of care for fall interventions and assistance with activities of daily living. The Director of Nursing will report the findings to the Performance Improvement Committee for three months, for further recommendations.</p>

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F 282	Continued From page 2 revealed he checked the care plans for his assigned residents prior to providing resident care; however, he was not aware the resident required assistance with transfers, ambulation, and toileting. He was not aware the resident was incontinent of bowel and bladder. He did not know the resident was supposed to have a sensor alarm to the chair. He revealed he was supposed to follow the care plan for each resident.	F 282			
	An interview with LPN #1, on 01/10/13 at 2:30 PM, revealed Resident #4 required assistance with all ADL care, including ambulation and toileting. Resident #4 was incontinent of bowel and bladder and should be checked at least every two hours. The resident was supposed to have a sensor alarm to the bed and chair. She revealed staff were expected to follow the resident's care plan.		F312 Resident #4 was provided assistance with activities of daily living by a nurse aide on 01/10/13 which included pericare, to ensure resident was clean and dry. CNA #2 was re-educated on 01/11/13 by the Director of Nursing on providing services to the residents in accordance with the resident's written plan of care to include perineal/incontinence care.		02/05/13
F 312 SS=D	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,	F 312	Director of Nursing and Assistant Director of Nursing reviewed current residents on 01/16/13 and random residents on off shifts to ensure necessary services were being provided to maintain good personal hygiene to include incontinent care. Licensed staff and CNA's were re-educated on 01/16/13 by the Director of Nursing and Assistant Director of Nursing pertaining to maintaining good personal and oral hygiene, nutrition and grooming including incontinence care for residents that need assist with activities of daily living.		

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F 312	<p>Continued From page 3 and review of the Certified Nursing Assistant (CNA) job description, it was determined the facility failed to ensure residents received necessary services to maintain good personal hygiene for one resident (#4) in the selected sample of six residents. Findings include:</p> <p>A review of the position description for a CNA, dated 04/01/11, revealed essential position duties included:</p> <ol style="list-style-type: none"> 1. assisting residents with Activities of Daily Living (ADL) based on their individualized plan of care and in accordance with state and federal regulations and facility policies and procedures. 2. keeping incontinent residents clean and dry per policy and resident care plan. <p>A record review revealed Resident #4 was admitted to the facility on 12/06/12 with diagnoses to include a pelvic fracture and mild dementia. A review of the initial Minimum Data Set (MDS), dated 12/19/12, revealed the facility identified the resident as moderately cognitively intact and required extensive assistance with hygiene. The resident was assessed as frequently incontinent of bowel and bladder.</p> <p>A review of the Comprehensive Care Plans, dated 12/06/12 and 12/12/12, revealed the resident required assistance of one with most ADLs. The resident's toileting plan included to prompt the resident to void before and after meals and at night. Interventions for the potential for skin breakdown included to keep the skin clean and dry and provide pericare if incontinence occurred. A review of the CNA care plan, undated, revealed the resident was incontinent of</p>	F 312	<p>The Director of Nursing, Assistant Director of Nursing or Unit Manager will review five residents per week for one month and three residents per week for one month then five per month for one month to ensure residents that need assist with activities of daily living are maintaining good personal and oral hygiene, nutrition and grooming, including incontinence care. The Director of Nursing will report the findings to the Performance Improvement Committee for three months, for further recommendations.</p>		

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F 312	Continued From page 4 bowel and bladder and on a toileting plan. An observation, on 01/10/13 at 1:50 PM, revealed a strong urine odor was noted in the private room of Resident #4. An interview with the resident at that time revealed he/she is "not" incontinent and does not need any help with his/her care. An interview with CNA #2, on 01/10/13 at 2:20 PM, revealed he was responsible for the care of Resident #4 on 01/10/13 from 7:00 AM to 3:00 PM. He revealed the resident walks to the bathroom by him/herself and he was not aware the resident was incontinent. An interview with Licensed Practical Nurse (LPN) #1, on 01/10/13 at 2:30 PM, revealed the resident was incontinent of bowel and bladder. She indicated the CNA was supposed to check the resident every two hours for incontinence. An interview with the Director of Nursing (DON), on 01/11/13 at 11:00 AM, revealed she expected staff to follow the resident's care plan related to incontinent care. She revealed the resident has refused care at times; however, staff should continue to offer assistance per the care plan.	F 312			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract	F 315	Resident #1 and #2 were given appropriate pericare and assessed for signs and symptoms of infection by the Licensed Nurse on 01/10/13, no infections noted. CNA #1 was re-educated by Assistant Director of Nursing pertaining to hand hygiene, perineal care/incontinent care policy and procedures on 01/16/13. Licensed Nurses assessed current residents with incontinence and indwelling catheters utilizing the McGreer's criteria for signs and symptoms of urinary tract infection (UTI) on 1/25/13. No UTI's were noted Licensed nurses and CNA's were re-educated and competency testing provided on 01/16/13 by the Director of Nursing, Assistant Director of Nursing and/or licensed nurses to include appropriate procedures on perineal/incontinent care, and hand hygiene, including utilization of gloves.	02/05/13	

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F 315	<p>Continued From page 5</p> <p>Infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility's policy/procedure, it was determined the facility failed to ensure two residents (#1 and #2) received appropriate treatment and services to prevent urinary tract infections. Findings include:</p> <p>A review of the Perineal Care/Incontinent Care policy, dated 03/10, revealed to always wash from front to back to prevent spreading fecal matter from the anal area to the vagina or urethra (opening to the bladder). The procedure included to wash your hands and apply gloves prior to care. Use warm water in a basin and perineal (peri) wash. Use the non-dominant hand to gently retract the labia from the thigh. Wipe in the direction from the perineum to rectum (front to back) then repeat on the opposite side using a separate section of the washcloth.</p> <p>A review of the Hand Hygiene policy, undated, revealed staff should wash their hands after touching the following:</p> <ol style="list-style-type: none"> 1. contaminated items, whether or not gloves were worn 2. immediately after gloves were removed 3. between resident contacts 4. when otherwise indicated to avoid transfer of microorganisms to other residents or environmental surfaces. <p>An observation of incontinent care for Resident</p>	F 315	<p>The Director of Nursing, Assistant Director of Nursing or Unit Manager will observe five residents per week for one month and three residents per week for one month then five per month for one month that are incontinent of bladder receive appropriate treatment and services to prevent urinary tract infections. The Director of Nursing will report the findings to the Performance Improvement Committee for three months, for further recommendations.</p>		

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F 315	<p>Continued From page 6</p> <p>#2, on 01/09/13 at 5:00 AM, revealed Certified Nurse Aide (CNA) #1 obtained a washcloth with foaming cleanser and cleansed the resident's buttocks. She used the same washcloth to cleanse the peri-area, using a "swiping" motion back and forth between the resident's labial folds. She rinsed and dried the resident using the same technique, from the buttocks to the peri-area without changing washcloths. CNA #1 obtained clothes from the closet and put the resident's pants, shirt, and socks on wearing the same soiled gloves from incontinent care. She removed the gloves afterwards, leaving the room without washing her hands. She then provided incontinent care to Resident #1 without washing her hands between residents.</p> <p>An observation of incontinent care for Resident #1, on 01/09/13 at 5:20 AM, revealed CNA #1 obtained two washcloths from the resident's sink and placed the washcloths on the resident's headboard of the bed. She used one washcloth to cleanse feces from between the resident's legs, then used the same washcloth to provide peri-care. She used a "swiping" motion, back and forth between the resident's labial folds using the washcloth visibly soiled with feces. CNA #1 rolled the resident over and used the second washcloth to cleanse the resident's buttocks. She removed her left glove as it was visibly soiled with feces, obtaining a new glove for that hand; however, did not change the soiled glove on her right hand. She then put socks, pants, and a shirt on the resident while wearing the soiled glove.</p> <p>An interview with CNA #1, on 01/09/13 at 7:00 AM, revealed she provided incontinent care to both Resident #1 and #2. She washed from back</p>	F 315			

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F 315	Continued From page 7 to front while providing care for Resident #2; however, she revealed she should have obtained a new washcloth before cleansing the resident's peri-area. She should have removed her gloves prior to getting the resident dressed, but did not. She also revealed she should wash her hands between residents while providing care; however, she "thought" she washed her hands in Resident #1's sink prior to providing care to that resident. CNA #1 revealed laying clean washcloths on the headboard of the resident's bed was not the proper procedure for incontinent care. She also revealed a new washcloth should be obtained when visibly soiled with feces. An interview with the Director of Nursing (DON), on 01/11/13 at 11:00 AM, revealed she expected staff to follow the policy for providing incontinent care. Staff should cleanse resident's from front to back, obtaining a new washcloth prior to providing peri-care. She also expected staff to remove their soiled gloves after providing care and washing their hands between residents.	F 315		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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:	F 323	F323 Resident #4's sensor alarm was placed on chair by licensed nurse on 1/10/13. Licensed nurse completed re-assessment of resident #4's assistive devices on 01/11/13 and updated plan of care as indicated. CNA #2 was re-educated on 01/11/13 by Director of Nursing on providing services to the residents in accordance with the resident's written plan of care to include fall interventions. Current residents with assistive/restrictive devices were reviewed by the Assistant Director of Nursing to determine appropriateness and ensure placement and functioning of assistive/restrictive devices on 01/24/13. No other issues identified. Nursing staff were re-educated on 01/16/13 by the Director of Nursing and Assistant Director of Nursing pertaining to following the comprehensive care plans regarding monitoring of the placement and functioning of assistive/restrictive devices.	02/05/13

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F 323	<p>Continued From page 8</p> <p>Based on observation, interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to ensure each resident received adequate supervision and assistance devices to prevent accidents for one resident (#4), in the selected sample of six residents.</p> <p>Findings include:</p> <p>A review of the Accidents/Incidents policy, dated 01/08, revealed the facility would identify residents at risk for accidents and/or falls, adequately plan their care, and implement procedures to prevent accidents.</p> <p>A record review revealed Resident #4 was admitted to the facility on 12/06/12 with diagnoses to include Pelvic Fracture and Mild Dementia. A review of the initial Minimum Data Set (MDS), dated 12/19/12, revealed the facility assessed the resident as moderately cognitively impaired and required extensive assistance with bed mobility and transfer, and the resident was not ambulating. A review of the Physician's Orders, dated 12/06/12, revealed an order for a sensor alarm to the resident's bed and wheelchair.</p> <p>Review of the "Risk for Falls" Comprehensive Care Plan, dated 12/10/12, and the Certified Nurse Aide (CNA) care plan, undated, revealed to assist the resident with transfers and ambulation using one assist and a walker. The CNA care plan indicated the use of the sensor alarm to the resident's bed and chair.</p> <p>An observation, on 01/09/13 at 9:15 AM, revealed Resident #4 transferred his/herself to the chair</p>	F 323	<p>The Director of Nursing, Assistant Director of Nursing or Unit Manager will review five residents per week for one month and three residents per week for one month then five per month for one month to ensure compliance of monitoring of the placement and functioning of assistive/restrictive devices. The Director of Nursing will report the findings to the Performance Improvement Committee for three months, for further recommendations.</p>		

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F 323	<p>Continued From page 9</p> <p>from the wheelchair during an interview in the resident's room. Neither the chair or the wheelchair had an alarm noted. An observation on 01/10/13 at 10:00 AM, revealed the resident was sitting in her room, up in the chair without a sensor alarm noted. A clip alarm was attached to the chair; however, it was not clipped to the resident. On 01/10/13 at 12:10 PM, the resident was observed ambulating around his/her bed while making it up, no alarm sounding and no staff present.</p> <p>An interview with CNA #2, on 01/10/13 at 2:20 PM, revealed he was responsible for Resident #4 on 01/10/13 from 7:00 AM to 3:00 PM. He revealed the resident does not need assistance with ambulation and did not have a sensor alarm to the chair. He stated "I don't take care of him/her that much."</p> <p>A review of the Treatment Administration Record (TAR), dated January 2013, revealed to check placement of the sensor alarm to the bed and chair every shift. The record was initialed for day shift on 01/10/13 by Licensed Practical Nurse (LPN) #1.</p> <p>An interview with LPN #1, on 01/10/13 at 2:30 PM, revealed the resident was supposed to have a sensor alarm to the bed and chair. She revealed it was checked by her on 01/10/13, and the resident was currently sitting in the chair with the sensor alarm. An observation with LPN #1, on 01/10/13 at 2:36 PM, revealed there was no sensor alarm to the resident's chair.</p> <p>An interview with the Director of Nursing (DON), on 01/11/13 at 11:00 AM, revealed the sensor</p>	F 323			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/11/2013
NAME OF PROVIDER OR SUPPLIER PADUCAH CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH THIRD STREET PADUCAH, KY 42001		
(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	
F 323	Continued From page 10 alarm was implemented for Resident #4 upon admission. She expected staff to ensure the resident's alarm was in place per the care plan.	F 323			