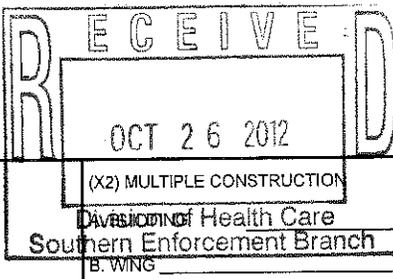


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 10/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185337	(X2) MULTIPLE CONSTRUCTION Division of Health Care Southern Enforcement Branch B. WING	(X3) DATE SURVEY COMPLETED C 10/02/2012
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NAME OF PROVIDER OR SUPPLIER LEE COUNTY CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 246 EAST MAIN STREET BEATTYVILLE, KY 41311
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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
F 000 F 225 SS=E	<p>INITIAL COMMENTS</p> <p>An abbreviated standard survey (KY19124) was conducted on 10/01-02/12. The complaint was unsubstantiated with deficient practice identified at 'E' level.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance</p>	F 000 F 225	<p>Lee County Care and Rehabilitation Center does not believe and does not admit that any deficiencies existed, before, during or after the survey. The Facility reserves the right to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self-critical examination privilege which the facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The facility offers it response, credible allegations or compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.</p>	

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

TITLE

(X6) DATE

[Handwritten Signature]

Administrator

10/25/2012

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 225	<p>Continued From page 1</p> <p>with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility policy the facility failed to investigate and report injuries of unknown source to the appropriate state agencies. The facility failed to investigate an injury of unknown source for one of three sampled residents (Resident #2). In addition, the facility failed to report injuries of unknown source to the appropriate state agencies for two of three sampled residents (Residents #1 and #2).</p> <p>The findings include:</p> <p>A review of the facility's Abuse, Neglect and Misappropriation policy, dated January 2012, revealed the Administrator would make an immediate report to the local Department of Social Services and Licensing and Regulation as required regarding any injury of unknown origin.</p> <p>1. A review of the medical record for Resident #1 revealed the resident was admitted to the facility on 04/29/10 with diagnoses including Acute Respiratory Failure, Multiple Joint Contractures, and Anoxic Brain Injury. A review of Resident #1's Quarterly Minimum Data Set (MDS), dated 09/13/12, revealed the resident required extensive to total one to two person assistance</p>	F 225	<ol style="list-style-type: none"> 1. R1's fracture was investigated 9/21/2012 to 9/25/2012 and was determined to have been caused by R1's debilitated condition and multiple contractures. The results of the investigation were reported to the surveyor on 10/1/2012. An investigation had been conducted for R2, but could not locate the information upon request. An investigation was immediately initiated on 10/01/2012 regarding R2. 2. A review of incident/accidents was conducted for the last three months. No other injuries of unknown origin were noted. 3. All incident and accident reports will be reviewed and discussed in the daily clinical meeting. <p>The DON and/or ADON will review to ensure proper investigations have been completed. The DON and/or ADON will review to ensure that any accident/incident with injury</p>		

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F 225	<p>Continued From page 2</p> <p>for all activities of daily living. A review of Resident #1's nurse's notes dated 09/21/12 revealed discoloration was noted to the resident's left arm from the elbow to shoulder area and an x-ray was obtained. Further review of Resident #1's medical record revealed, based on a radiology report dated 09/21/12, the resident had a fracture of the olecranon process of the ulna (elbow area) and a fracture of the left shoulder.</p> <p>A review of the facility's investigation, dated 09/21/12 through 09/25/12, revealed facility staff investigated the fractures to Resident #1's elbow and shoulder; however, there was no evidence the facility reported the fractures sustained by Resident #1 to the Department of Social Services or Licensing and Regulation (Office of Inspector General).</p> <p>Interview with the Director of Nursing (DON) on 10/01/12 at 6:45 PM, revealed Resident #1's fractures were investigated. According to the DON, as a result of the facility's investigation, it was determined the resident's fractures had not been the result of a malleolus act and therefore were not reported to state agencies. In addition, the DON stated Resident #1's medical doctor informed staff on 09/21/12 that the resident's fractures were due to the resident's debilitated condition and multiple contractures.</p> <p>2. A review of the medical record for Resident #2 revealed the resident was admitted to the facility on 07/17/06 with diagnoses including Paranoid Schizophrenia, Debility, and Hypertension. A review of Resident #2's Quarterly MDS, dated 08/24/12, revealed the resident required extensive one-person assistance for all activities</p>	F 225	<p>has been investigated to determine root cause.</p> <p>An in-service will be conducted on 10/26/2012 by the Administrator on investigations and reporting.</p> <p>The DON, Administrator, ADON and Unit Manager will be in-serviced by the Clinical Consultant on 11/01/2012 regarding reporting policy.</p> <p>4. Incident and Accidents will be presented to the QA Committee Monthly. The QA committee will ensure that investigations are completed for incidents/accidents with injury. The QA Committee will ensure that any injury of unknown origin was reported to the appropriate State agencies of the incident and five day follow up was completed.</p>	11/02/12	

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F 225	<p>Continued From page 3</p> <p>of daily living. A review of Resident #2's nurse's notes dated 06/14/12 revealed the resident complained of leg pain related to bunions and requested a podiatry consultation. Further review of the nurse's notes revealed Resident #2's medical doctor was contacted and a podiatry consultation and x-rays were ordered. However, a review of Resident #2's radiology report dated 06/15/12 revealed the resident had sustained a lateral malleolus fracture and anterior distal tibia fracture (ankle fracture).</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 10/01/12 at 6:00 PM, revealed Resident #2 complained of his/her legs hurting because of "bunions" and requested a podiatry consultation. The interview further revealed Resident #2's medical doctor was contacted with orders obtained for x-rays and a podiatry consultation. LPN #1 stated the x-rays revealed Resident #2 had an ankle fracture and treatment was started immediately. LPN #1 denied Resident #1 had any falls or had reported any other injuries to staff.</p> <p>Interview with the DON on 10/01/12 at 6:47 PM, revealed the DON thought Resident #2's fractures were investigated but the DON was unable to find the investigation or evidence that the fractures had been reported to the appropriate state agencies.</p>	F 225			