

Second SAD

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

RECEIVED
MAR 15 2012
02/09/2012

PRINTED: 03/09/2012
FOR APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2012
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE	STREET ADDRESS, CITY, STATE AND ZIP CODE 280 SOUTH MAIN STREET Pikeville, KY 41601 Division of Health Care Southern Enforcement Branch
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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	INITIAL COMMENTS A standard health survey was conducted on 02/07-09/12. Deficient practice was identified with the highest scope and severity at "D" level. An abbreviated standard survey (KY17742) was also conducted at this time. The complaint was substantiated with related deficient practice.	F 000	Disclaimer: Signature Healthcare of Pikeville does not believe and does not admit that any deficiencies existed either before, during or after the survey. The Facility reserves all rights 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 its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.	
F 151 SS=B	483.10(a)(1)&(2) RIGHT TO EXERCISE RIGHTS - FREE OF REPRISAL The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights. This REQUIREMENT is not met as evidenced by: Based on interview and policy review, it was determined the facility failed to ensure four of nine residents attending the group interview were provided the opportunity to exercise his/her rights as a citizen or resident of the United States. Residents #20, #21, #22, and #23 voiced a desire to vote in the state election in November 2011. However, the facility failed to assist the residents wishing to vote in the election. The findings include: A review of the facility's Federal Resident/Patient Rights (dated August 2009) revealed the residents at the facility had the right to exercise their rights as a United States citizen.	F 151		3/18/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 3/13/12
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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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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH MAYO TRAIL PIKEVILLE, KY 41501		
(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 151	<p>Continued From page 1</p> <p>During the group interview on 02/08/12, at 8:00 AM, with nine alert and oriented residents, it was determined four residents attending were not allowed the opportunity to vote in the 11/08/11 state election. The four residents (Residents #20, #21, #22, and #23) stated they wanted to participate in the election but the facility failed to assist them in obtaining absentee ballots. Resident #23 stated, "I have voted since I was 18 years old and that was the first election I have ever missed, and it made me upset."</p> <p>An interview with the Activities Director (AD) and the Administrator on 02/09/12, at 5:00 PM, revealed the AD was responsible to ensure residents who wished to vote were afforded the opportunity to vote. The AD stated upon admission each resident was assessed and asked if they wanted to vote. Those residents who wished to vote were required to give consent to the County Clerk's Office to vote absentee ballot. The AD stated that it took three weeks for the County Clerk's Office to obtain consent and send the ballots to the facility. The AD further stated when she realized the election was approaching, there was not enough time for residents to complete the required paperwork to vote absentee. The AD further stated there was not enough time to arrange a trip to the election precinct for all residents that wished to vote and as a result the residents were unable to vote in the November 2011 election.</p> <p>Interview with the Administrator on 02/09/12, at 5:00 PM, revealed all residents should be afforded the right to vote. The Administrator stated he did not know the residents had not been given the opportunity to vote and was</p>	F 151	<p>F 151 Right to Exercise Rights – Free of Reprisal</p> <p>The facility will ensure that all residents who wish to vote are afforded the opportunity to exercise that right as citizens of the United States in any and all elections.</p> <p>Residents affected: For residents #20, 21, 22 and 23, each will be informed by the Activity Director, that in all future elections, they will be informed in advance and provided any assistance needed to be able to exercise their right to vote as citizens of the United States.</p> <p>Residents potentially affected: The Activity Director will identify those residents who have the potential to be affected by asking each resident if they would like to participate in voting. The Activity Director will also obtain a list of future elections/timeframes for absentee voting and other available information to share with residents who wish to vote. The Activity Director will inform all residents, in writing, of the facility's intent to assist them in exercising their right to vote in any elections as residents of the United States. Prior to each election, all residents who wish to vote will be afforded that right to vote within the timeframe established for voting and absentee voting procedures.</p> <p>Systemic measures: The Administrator will educate/train the Activity staff and the Social Worker (as back up) on the importance of assuring that residents have the opportunity to exercise their right to vote as citizens of the United States. The Activity Director will identify those residents who have the potential to be affected by asking each resident if they would like to participate in voting. The</p>	3/10/12	

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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501		
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F 151	Continued From page 2	F 151	Activity Director will obtain a list of future elections/timeframes for absentee voting and other available information to share with residents who wish to vote. Prior to each election, all residents who wish to vote will be afforded that right to vote within the timeframe established for voting and absentee voting procedures.		
F 225 SS-D	<p>unaware the residents were upset about not getting to vote in the November 2011 election.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4)</p> <p>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 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</p>	F 225	<p>Monitoring measures:</p> <p>The list of dates for upcoming elections will be posted on the Whiteboard for discussion in morning meeting prior to each election. This list will include the scheduled date for submission of information for absentee voting. The Activity Director will provide a list of upcoming elections as well as the list of residents requesting assistance with voting for review in QA. Following each election, the interdisciplinary QA Committee will review to assure that all residents who indicated that they wanted to vote were afforded that right.</p>		

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F 225	<p>Continued From page 3 appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility policy, the facility failed to ensure a report of an allegation of abuse had been immediately reported to the appropriate state authorities, including the state survey and certification agency, for one of twenty-three sampled residents (Resident #8). Documentation revealed on 01/21/12, at 11:00 PM, Resident #8 reported an allegation of abuse to facility staff; however, the facility failed to report the allegation to the appropriate state authorities until 01/24/12.</p> <p>The findings include:</p> <p>Review of the facility Abuse, Neglect, and Misappropriation Policy (dated December 2010) revealed "The administrator/designated person will make an immediate report to the local Department of Social Services and Licensing and Regulation and other state designated agencies as required regarding an allegation of abuse."</p> <p>Review of Resident #8's medical record revealed on 01/21/12, at 11:00 AM, Resident #8 reported someone had attempted to smother him with a pillow.</p> <p>A review of the facility's Resident Investigation Tool, utilized by the facility to document allegations/investigations of abuse, neglect, and misappropriation of resident property, dated 01/21/12, at 11:00 PM, also revealed Resident #8</p>	F 225	<p>F 225 Investigate/Report Allegations/Individuals</p> <p>The facility will ensure that all allegations of abuse are immediately reported to the appropriate state authorities. Residents affected: For residents #8, the allegation was reported on 1/24/12. Residents potentially affected: Residents of the facility have the potential to be affected by this cited practice. The Staff Development Coordinator will inservice staff on the importance of reporting allegations of abuse timely. The Administrator or his designee will report any allegation of abuse to the appropriate State authorities immediately. Systemic measures: The Staff Development Coordinator will inservice staff on the importance of reporting allegations of abuse timely. The Administrator or his designee will report any allegation of abuse to the appropriate State authorities immediately upon notification by staff. Allegations of abuse will be reviewed by the IDT team each morning in stand up meeting to assure reporting has been accomplished. Monitoring measures: Allegations of abuse will be reviewed by the IDT team each morning in stand up meeting to assure reporting has been accomplished. Reportable events will be reviewed in monthly QA committee. Any issues will be addressed immediately by assigned members of the QA committee.</p>	3/15/12	

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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41601		
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F 225	Continued From page 4 had alleged someone "was smothering [him/her] with a pillow." Continued review of the facility's investigation revealed the investigation was initiated on 01/21/12, at 11:00 PM, and the facility obtained statements from staff on 01/22/12 through 01/24/12. The investigation included statements, a psychosocial evaluation for Resident #8, and a care plan meeting with the resident's family in attendance. Documentation by the facility revealed, "Resident was found to not have any signs or symptoms of smothering, and the resident's wife stated the incident did not occur." However, based on documentation, the facility failed to immediately report the resident's allegation of abuse to the appropriate state agencies. Based on documentation, the facility notified the Department for Community Based Services (DCBS) of the allegation on 01/24/12, at 3:58 PM (approximately sixty-five hours after the allegation had been made) and the state survey and certification agency, the Office of Inspector General (OIG), on 01/24/12, at 8:34 PM (approximately sixty-seven hours after the allegation had been made). Interview with the Administrator, the Director of Nursing, and the facility's Nurse Consultant on 02/09/12, at 2:00 PM, revealed even though the facility allowed 24 hours to report allegations of abuse to the state agencies, they acknowledged the report of the resident's allegation had not been reported to the appropriate state agencies in a timely manner.	F 225			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a	F 441			

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F 441	Continued From page 5 safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by:	F 441	F 441 Infection Control, Prevent Spread, Linens The facility will ensure that a safe, sanitary environment to help prevent the development and transmission of disease and infection is maintained during the delivery of meals. Residents affected: No specified residents. Residents potentially affected: Residents of the facility have the potential to be affected by this cited practice. CNAs #1 and #2 were immediately inserviced on the necessity to wash hands and/or sanitize hands while performing meal service. Hand sanitizer was provided at each meal tray cart for easy access by staff. Systemic measures: CNAs #1 and #2 were immediately inserviced on the necessity to wash hands and/or sanitize hands while performing meal service. Hand sanitizer was provided at each meal tray cart for easy access by staff. The Staff Development Coordinator will inservice staff on the importance of maintaining a safe, sanitary environment to help prevent the development and transmission of disease and infection during the delivery of meals. Monitoring measures: Licensed staff as well as Management staff will monitor during rounds to assure that meal service is provided in a safe and sanitary manner by the use of hand washing/sanitizing hands while delivering meals. Infections in the facility will be tracked in monthly QA meeting. Any issues will be addressed immediately by assigned members of the QA committee.	3/10/12	

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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 290 SOUTH MAYO TRAIL PIKEVILLE, KY 41601		
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F 441	<p>Continued From page 6</p> <p>Based on observation, interview, and review of facility policy, the facility failed to ensure an Infection Control Program was maintained to ensure a safe, sanitary environment and to help prevent the development and transmission of disease and infection for residents during the delivery of the evening meal on 02/07/12. Observation of the evening meal on 02/07/12, at 4:55 PM, revealed two CNAs failed to wash/sanitize their hands between resident contact during the delivery of the evening meal trays.</p> <p>The findings include:</p> <p>Review of the facility policy for Handwashing (dated December 2010) revealed staff was to wash hands before and after caring for each resident (including handling anything the resident has touched) and before and after handling a resident's food tray.</p> <p>Observation of the evening meal on 02/07/12, at 4:55 PM, revealed CNA #1 and #2 delivered meal trays to residents in their rooms on the South B, Zone 5, Hall. The CNAs were observed to enter resident rooms, adjust the position of the head of the residents' beds, remove pillows, position overbed tables for resident access, and to arrange the residents' meal trays on the overbed tables. Observations revealed the CNAs continued this process until all meal trays were delivered. The CNAs failed to wash/sanitize their hands before and after delivery and setup of each resident's meal tray.</p> <p>Interview with CNAs #1 and #2 on 02/07/12, at 5:00 PM revealed the CNAs knew to wash hands</p>	F 441			

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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH MAYO TRAIL PIKEVILLE, KY 41601		
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F 441	<p>Continued From page 7</p> <p>before and after they provided resident care and between the delivery of each meal tray, but had forgot to wash their hands as required.</p> <p>Interview with the Dietary Manager on 02/07/12, at 6:00 PM, revealed staff should wash/sanitize their hands before and after providing care for residents. The Dietary Manager stated hand sanitizer had been placed on each meal tray cart to help remind staff to wash/sanitize hands before passing meal trays to residents.</p> <p>Interview with the Director of Nursing (DON) on 02/07/12, revealed staff was to wash hands before and after providing care for residents, and between passing meal trays. The DON stated nurses observed CNAs deliver meal trays to residents and stated she had not been made aware of any concerns identified related to infection control or the staff's failure to wash their hands.</p>	F 441			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2012
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501	
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K 000	<p>INITIAL COMMENTS</p> <p>PLAN APPROVAL: 1985</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type 11(000)</p> <p>SMOKE COMPARTMENTS: Five</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLED, SUPERVISED (WET SYSTEM)</p> <p>EMERGENCY POWER: Type II Natural Gas generator</p> <p>A life safety code survey was initiated and concluded on 02/07/12, for compliance with Title 42, Code of Federal Regulations, §483.70 (a). The facility was found to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE

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