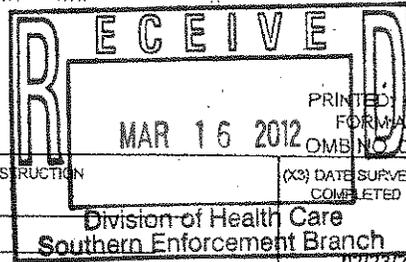


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 03/08/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2012
NAME OF PROVIDER OR SUPPLIER THE TERRACE NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1043 BROOKLYN BOULEVARD BEREA, KY 40403		
(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	The Terrace Nursing and Rehabilitation Facility does not believe and does not admit that any deficiencies existed, either before, during or after the survey. The Terrace reserves the rights to contest the survey findings through informal dispute resolution, formal legal appeal proceedings, or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, is not meant to establish any standard of care, contract obligation or position. The Terrace 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 examination privileges which The Terrace does not waive, and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Terrace offers its responses, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to our residents.		
F 334 SS=D	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. The facility must develop policies and procedures that ensure that -- (i) Before offering the pneumococcal immunization, each resident, or the resident's				

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

Paula Long Struck RN

TITLE

Administrator

(X6) DATE

3.15.12

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 THE TERRACE NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1043 BROOKLYN BOULEVARD BEREA, KY 40403	
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F 334	Continued From page 1 legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. (v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and policy review, the facility failed to ensure the medical record for one of nineteen sampled residents (Resident #3) contained documentation that the	F 334	483.25 (n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS It is the policy of The Terrace Nursing and Rehabilitation Facility that (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. 1. Resident #3 was offered an annual influenza immunization and did receive the immunization on 01/06/12. On 02/23/12 a late entry was done by Nurse #6 in the	

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NAME OF PROVIDER OR SUPPLIER THE TERRACE NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1043 BROOKLYN BOULEVARD BEREA, KY 40403		
(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 334	<p>Continued From page 2</p> <p>resident received the pneumococcal vaccine. Interview revealed staff had administered an influenza vaccine to Resident #3; however, staff failed to document the vaccination in the resident's medical record.</p> <p>The findings include:</p> <p>A review of the facility's policy, Immunizations: influenza (FLU) Vaccination of Residents, Staff, and Volunteers (dated 2007) revealed all residents of the facility should receive the influenza vaccine annually, unless there is a documented contraindication. The policy also revealed the administration of the influenza vaccine, including injection site, should be documented in the medical record (medication sheet, nurse's notes, immunization record, or progress sheet).</p> <p>A review of the medical record for Resident #3 on 02/21/12, revealed the resident had a standing order from his/her physician to obtain an influenza vaccine yearly. The medical record further revealed consent for influenza vaccine was obtained from the resident's guardian on 01/05/12. However, a review of documentation in the medical record revealed no documentation that the influenza vaccine had been given.</p> <p>An interview conducted with Licensed Practical Nurse #6 on 02/23/12, at 12:55 PM, revealed she administered the influenza vaccine to Resident #3 on 01/06/12, but forgot to document the administration in the resident's medical record, stating, "I got side-tracked."</p>	F 334	<p>resident's medical record to reflect the immunization being given on 01/06/12.</p> <ol style="list-style-type: none"> On 03/09/12 a medical record chart audit was completed by our CQI RN on all resident's medical records to assure that each resident's medical record included documentation that the resident either received the annual influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. No further discrepancies were found. On 03/02/12 the Director of Nursing conducted an in-service with facility licensed nurses (RNs/LPNs) on the facility policy/procedure of documenting in the resident's medical record the resident receiving their annual influenza immunization or not receiving the immunization. During influenza immunization months (October 2012 through March 2013) a monthly audit will be completed by our CQI RN on all resident's medical records to assure that the medical record includes documentation that the resident received their annual influenza immunization or did not receive the immunization due to medical contraindications or refusal. Corrective actions were completed on 03/09/12. 	03/09/12	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185103	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2012
NAME OF PROVIDER OR SUPPLIER THE TERRACE NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1043 BROOKLYN BOULEVARD BEREA, KY 40403		
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR §483.70 (a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 2003</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type V (111)</p> <p>SMOKE COMPARTMENTS: 3</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLERED, SUPERVISED (DRY SYSTEM)</p> <p>EMERGENCY POWER: Type II Natural Gas generator</p> <p>A life safety code survey was initiated and concluded on 02/22/12, 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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