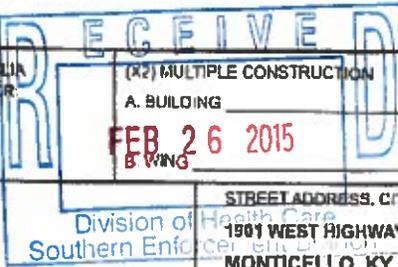


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/18/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ FEB 26 2015	(X3) DATE SURVEY COMPLETED C 02/04/2015
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NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633
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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
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F 000	INITIAL COMMENTS	F 000		
F 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timotables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to ensure a comprehensive plan of care was developed based on the comprehensive assessment for one (1) of four (4) sampled residents (Resident #4). Review of an admission</p>	F 279	Please See Attachment	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE adm	(X6) DATE 2/26/2015
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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 HICKS GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1901 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42833		
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F 279	<p>Continued From page 1</p> <p>Minimum Data Set (MDS) assessment dated 12/26/14 revealed Resident #4 had been assessed by the facility to require the extensive assistance of two persons to transfer. However, a review of the comprehensive plan of care for Resident #4 dated 12/31/14 revealed the facility developed a care plan that stated the resident required the assistance of one to two persons for transfers.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Care Plan Policy," dated 09/30/13, revealed comprehensive care plans would be developed for each resident according to the MDS.</p> <p>Review of the medical record for Resident #4 revealed the resident was admitted by the facility on 12/19/14, with diagnoses that included Arthritis, Chronic Back Pain, Diverticular Disease, and Alzheimer's.</p> <p>Review of an admission MDS assessment dated 12/26/14 revealed Resident #4 had been assessed by the facility to require the extensive assistance of two persons to transfer. The MDS also revealed Resident #4 had been assessed to have a Brief Interview for Mental Status (BIMS) score of 3 which indicated severe cognitive impairment.</p> <p>Review of the comprehensive plan of care for Resident #4 dated 12/31/14 revealed the facility developed a care plan that stated the resident required the assistance of one to two persons for transfers.</p> <p>Observation of Resident #4 on 02/03/15, at 4:10</p>	F 279			

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NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1901 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42833		
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F 279	<p>Continued From page 2</p> <p>PM, revealed the resident was lying in bed on his/her back.</p> <p>Interview conducted with Resident #4's family member on 02/03/15, at 4:15 PM, revealed Resident #4 required the assistance of two persons to transfer the resident. The family member stated the resident experienced pain with movement and one person could not safely move the resident.</p> <p>Interview conducted with State Registered Nurse Aide (SRNA) #2 on 02/03/15, at 5:35 PM, revealed staff was required to check residents' care plans every day. The SRNA stated according to Resident #4's care plan, the resident required one to two persons to assist the resident with transfers. The SRNA stated she always used a second person because the resident would cry out in pain when the resident was being moved. The SRNA stated she did not know how she would determine if the resident could be transferred with one staff person.</p> <p>Interview conducted with SRNA #3 on 02/03/15, at 5:40 PM, revealed she was required to check residents' care plans every day. The SRNA stated according to Resident #4's care plan, the resident required one to two persons to transfer the resident. The SRNA stated the amount of assistance she provided depended on how the resident was feeling. The SRNA stated if the resident was not feeling well, she would get another person to assist her with the transfer of the resident; otherwise, she would transfer the resident by herself.</p> <p>Interview with MDS Coordinator #1 on 02/04/15, at 1:00 PM, revealed she was responsible for</p>	F 279			

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F 279	Continued From page 3 developing the comprehensive plan of care for Resident #4 on 12/31/14. The MDS Coordinator stated the comprehensive plan of care should have been based on the comprehensive MDS admission assessment dated 12/26/14. The MDS Coordinator stated the SRNAs were not qualified to assess whether one or two persons were required to transfer Resident #4 and the comprehensive plan of care should have stated two persons were required to transfer the resident. Interview conducted with the DON on 02/04/15, at 1:50 PM, revealed she reviewed all residents' comprehensive plans of care. The DON stated she had reviewed Resident #4's plan of care and had not identified the plan of care did not match the comprehensive admission MDS assessment dated 12/26/14. The DON stated Resident #4's comprehensive plan of care should have had an intervention stating the resident required the assistance of two staff persons to transfer the resident.	F 279			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and a review of the facility's abuse investigation and the facility's policy, it was determined the facility failed to ensure care was provided in	F 282	Phase See Attachment		

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NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1901 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633		
(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 282	<p>Continued From page 4</p> <p>accordance with each resident's written plan of care for one (1) of four (4) sampled residents (Resident #1). Resident #1's written plan of care dated 11/26/14, revealed the resident required the assistance of two persons for dressing the resident. Review of a facility abuse investigation revealed on 01/15/15 State Registered Nurse Aide (SRNA) #1 failed to get assistance with dressing Resident #1.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Activities of Daily Living," with a revision date of 06/05/14, revealed SRNA care plans would reflect the amount of assistance needed for each resident's activities of daily living to ensure the care was provided safely. The policy stated the SRNA care plans were kept in the resident's room for easy access for staff to review the care plan.</p> <p>Review of the medical record for Resident #1 revealed the facility admitted the resident on 12/05/13, with diagnoses that included Cerebral Vascular Accident with Right-Sided Hemiparesis, Seizure Disorder, and a Brain Aneurysm.</p> <p>Review of the most recent annual Minimum Data Set (MDS) assessment completed for Resident #1 dated 11/24/14, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. The MDS also revealed the facility assessed the resident to require the extensive assistance of two persons for dressing.</p> <p>Review of Resident #1's SRNA plan of care dated 11/26/14 revealed the resident required the</p>	F 282			

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F 282	<p>Continued From page 5</p> <p>assistance of two persons for dressing the resident.</p> <p>Review of a facility abuse investigation completed by MDS Coordinator #1 dated 01/15/15, revealed on 01/15/15, SRNA #1 assisted Resident #1 with dressing and did not get assistance from other staff prior to dressing the resident.</p> <p>Observation of Resident #1 on 02/03/15, at 10:15 AM, revealed Resident #1 was lying in bed on his/her back.</p> <p>Interview conducted with Resident #1 on 02/03/15, at 10:20 AM, revealed SRNA #1 assisted the resident with getting dressed on 01/15/15, which caused pain to his/her shoulder. The resident stated it was the only time one staff person had dressed the resident by themselves.</p> <p>Interview conducted with SRNA #1 on 02/03/15, at 2:30 PM, revealed she was required to check SRNA care plans, which were located in each resident room, at the beginning of every shift. SRNA #1 stated she was aware Resident #1 required the assistance of two persons to dress, but the resident did not want to wait for other staff so she just went ahead and dressed the resident without assistance. The SRNA stated she was aware she should not have dressed the resident alone. The SRNA revealed she was aware SRNA #6 was with another resident and would be available to help her shortly.</p> <p>Interview conducted with SRNA #6 on 02/03/15, at 2:55 PM, revealed he was aware SRNA #1 needed assistance, and went to find the SRNA immediately when he was available. The SRNA stated it was less than ten minutes later when he</p>	F 282			

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NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633		
(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 282	Continued From page 6 went into Resident #1's room and SRNA #1 had already dressed the resident. Interview conducted with MDS Coordinator #1 on 02/03/15, at 3:05 PM, revealed she was responsible for developing the care plan for Resident #1. MDS Coordinator #1 stated Resident #1 required the assistance of two persons to dress. MDS Coordinator #1 stated staff was required to review each resident's plan of care every day to ensure they were knowledgeable of the care the resident required. Interview with the Director of Nursing (DON) on 02/03/15, at 3:10 PM, revealed she made rounds daily throughout the facility to ensure residents were receiving the care they required as directed by the resident's plan of care. The DON stated staff was required to review residents' care plans daily. The DON stated SRNA #1 was required to wait until help came to assist her with dressing Resident #1, and she should not have dressed the resident alone.	F 282			
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, review of the facility's abuse investigation, and facility policy review, it was determined the facility	F 312	Please See Attachment		

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NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1901 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42833		
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F 312	<p>Continued From page 7</p> <p>failed to ensure one (1) of four (4) residents (Resident #1) who was unable to carry out activities of daily living received assistance with activities of daily living (dressing). Resident #1's written plan of care dated 11/26/14 revealed the resident required the assistance of two persons for dressing. Review of a facility abuse investigation revealed on 01/15/15, State Registered Nurse Aide (SRNA) #1 failed to obtain another staff member to assist with dressing Resident #1.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Activities of Daily Living," with a revision date of 08/05/14, revealed SRNA care plans would reflect the amount of assistance needed for each resident's activities of daily living to ensure the care was provided safely.</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 12/05/13, with diagnoses that included Cerebral Vascular Accident and Seizure Disorder.</p> <p>Review of the most recent annual Minimum Data Set (MDS) assessment completed for Resident #1 dated 11/24/14, revealed the resident was assessed to have a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition and the resident was interviewable. The MDS revealed the resident required the extensive assistance of two persons for dressing.</p> <p>Review of Resident #1's SRNA plan of care dated 11/26/14, revealed Resident #1 required the assistance of two persons for dressing.</p>	F 312			

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F 312	<p>Continued From page 8</p> <p>Review of a facility abuse investigation completed by MDS Coordinator #1 revealed on 01/15/15 SRNA #1 assisted Resident #1 with getting dressed without getting assistance from any other staff.</p> <p>Observation of Resident #1 on 02/03/15, at 10:15 AM, revealed the resident was lying in bed. Interview conducted with Resident #1 on 02/03/15, at 10:20 AM, revealed SRNA #1 assisted the resident to dress on 01/15/15 causing pain to the resident's shoulder. The resident stated it was the only time a staff person had ever dressed the resident without assistance.</p> <p>Interview conducted with SRNA #1 on 02/03/15, at 2:30 PM, revealed she was required to check the SRNA care plans which were located in each resident room at the beginning of every shift. SRNA #1 stated she was aware Resident #1 required the assistance of two persons to dress, but the resident had insisted she go ahead and assist him/her to dress and not wait for other staff, and she then went ahead and dressed the resident without assistance. SRNA #1 stated she knew she should not have dressed the resident alone. SRNA #1 revealed SRNA #6 was with another resident and she was aware he would be available to help her shortly. SRNA #1 stated she was aware she should have waited for SRNA #6 and should not have dressed the resident alone.</p> <p>Interview conducted with SRNA #8 on 02/03/15, at 2:55 PM, revealed he was aware SRNA #1 needed assistance and went to find the SRNA immediately after he had finished care with another resident. SRNA #8 stated it was less than ten minutes later when he went into Resident #1's room and SRNA #1 had already</p>	F 312			

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F 312	<p>Continued From page 9 dressed the resident.</p> <p>Interview conducted with MDS Coordinator #1 on 02/03/15, at 3:05 PM, revealed she was responsible for developing the care plan for Resident #1. MDS Coordinator #1 stated Resident #1 required the assistance of two persons to dress the resident. MDS Coordinator #1 stated she completed the investigation with SRNA #1 regarding SRNA #1 hurting Resident #1's shoulder while SRNA #1 was dressing the resident. MDS Coordinator #1 stated the facility determined SRNA #1 had not followed the plan of care for dressing Resident #1.</p> <p>Interview conducted with the Director of Nursing (DON) on 02/03/15, at 3:10 PM, revealed she made rounds daily throughout the facility to ensure care was being provided as directed by the resident's plan of care. The DON stated staff was required to review the resident's plan of care daily. The DON stated SRNA #1 was required to wait until help came to assist her with dressing Resident #1 and she should not have dressed the resident alone.</p>	F 312			