

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

PRINTED: 11/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185359	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2012
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NAME OF PROVIDER OR SUPPLIER ROBERTSON COUNTY HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 2, U S HIGHWAY 62 MOUNT OLIVET, KY 41064
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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

A Standard Recertification Survey was initiated on 10/23/12 and concluded on 10/26/12. A deficiency was cited at 42 CFR 483.15, Quality of Life, with a Scope and Severity of a "D".

F 241 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY
SS=D

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and review of the facility's handbook on resident's rights, it was determined the facility failed to promote care for one (1) unsampled resident (Unsampled Resident A) in a manner and in an environment that maintained or enhanced each resident's dignity and respect in full recognition of his or her individuality.

The findings include:

Review of the facility handbook, titled "Resident's Rights For Resident's in Kentucky Long Term Care Facilities", revealed the following: "Each resident shall be treated with consideration, respect, and full recognition of his/her dignity and individuality, including privacy in treatment and in care for his/her personal needs".

Clinical record review revealed Unsampled Resident A was admitted by the facility on 08/27/07 with diagnoses which included Breast

F 000

F 241

Robertson County Healthcare Facility does not believe nor does the facility admit that any deficiencies exist. Robertson County Healthcare Facility reserves all rights to contest the survey findings through informal dispute resolution, 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; nor is it meant to establish any standard care, contract, obligation or position. Robertson County Healthcare 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 privileges which Robertson County Healthcare Facility does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action, or proceeding. Robertson County Healthcare Facility offers its responses, credible allegations of compliance and plan of correction as a part of its ongoing effort to provide quality care to residents. Robertson County Healthcare Facility strives to provide the highest quality care while assuring the rights and safety of all residents.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephanie Lopez</i>	TITLE RN MSN LNHA	(X6) DATE 11/21/12
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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 ROBERTSON COUNTY HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 2, U S HIGHWAY 62 MOUNT OLIVET, KY 41064
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F 241	<p>Continued From page 1</p> <p>Neoplasm, Senile Dementia, Anxiety, Depression and Diabetic Neuropathy.</p> <p>Observation, on 10/26/12 at 8:50 AM, revealed Unsampled Resident A was being transported down the hall by Certified Nursing Assistant (CNA) #1. Continued observation revealed the resident was wearing a hospital-type gown, was not covered by a sheet or blanket, and the resident's body was exposed on his/her left side. Further observation revealed CNA #1 left the resident sitting in the hallway while she left to assist another resident.</p> <p>Upon surveyor request, on 10/26/12 at 9:00 AM, the Director of Nursing (DON) came out of her office to observe the resident. The DON covered the resident with a blanket and stated it was inappropriate for a resident to be exposed in such a way in a public area.</p> <p>Interview with CNA #1, on 10/26/12 at 10:58 AM, revealed she did not notice Unsampled Resident A's skin was exposed and it did not occur to her to cover the resident with a blanket. She stated it was a dignity issue for a resident's body to be exposed in a public area.</p>	F 241	<p>It is and was on the day of survey the policy of Robertson County Healthcare Facility to ensure services are provided and arranged by the facility and that the services meet professional standards. The facility must promote care for residents in a manner that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <ol style="list-style-type: none"> 1. A resident was found to have exposed areas which were thought to be undignified in a public area; the resident was quickly covered by the Director of Nursing. 2. All nursing staff was in-serviced on October 26, 2012 about providing holistic dignified care by the Director of Nursing. 3. A full staff in-service was provided by the area Ombudsman as well as the Administrator on November 2, 2012. Topics covered were dignity, privacy and resident rights. 4. As part of the facility's on-going Quality Assurance program the Administrator and Director of Nursing will at least weekly make rounds in all nursing areas of the building looking specifically for areas of concern. The reports from both audits will be made part of the Continuous Quality Improvement Program. 5. November 2, 2012 	
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NAME OF PROVIDER OR SUPPLIER ROBERTSON COUNTY HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 2, U.S. HIGHWAY 62 MOUNT OLIVET, KY 41064
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K 000 INITIAL COMMENTS

CFR: 42 CFR §483.70 (a)

BUILDING: 01

PLAN APPROVAL: 1991

SURVEY UNDER: 2000 Existing

FACILITY TYPE: SNF/NF

TYPE OF STRUCTURE: One story, Type V (000) Unprotected

SMOKE COMPARTMENTS: Four

COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM

FULLY SPRINKLED, SUPERVISED (DRY SYSTEM)

EMERGENCY POWER: Type II natural gas generator

A life safety code survey was initiated and concluded on 10/24/12, to determine the facility's compliance with Title 42, Code of Federal Regulations, 483.70 (Life Safety from Fire) and found the facility to not be in compliance with NFPA 101 Life Safety Code 2000 Edition. The facility is licensed for sixty (60) beds. The census the day of the survey was fifty two (52).

The following demonstrate noncompliance:
K 038 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D Exit access is arranged so that exits are readily

K 000 Robertson County Healthcare Facility does not believe nor does the facility admit that any deficiencies exist. Robertson County Healthcare Facility reserves all rights to contest the survey findings through informal dispute resolution, legal appeal proceedings or any administrative or legal proceedings. This Life Safety Code plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard care, contract, obligation or position. Robertson County Healthcare 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 privileges which Robertson County Healthcare Facility does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action, or proceeding. Robertson County Healthcare Facility offers its responses, credible allegations of compliance and plan of correction as a part of its ongoing effort to provide quality care to residents. Robertson County Healthcare Facility strives to provide the highest quality care while assuring the rights and safety of all residents.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Stephanie Hays TITLE R.N. M.S.N. L.N.H.A. (X5) DATE 11/21/12

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 ROBERTSON COUNTY HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 2, U S HIGHWAY 62 MOUNT OLIVET, KY 41084	
(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
K 038	Continued From page 1 accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure exits were readily accessible at all times, according to National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, twelve (12) residents, staff and residents. The findings include: Observation, on 10/24/12 at 12:37 PM, with the Maintenance Director, revealed the corridor door for the Dining Room projected into the corridor greater than 7 inches when fully opened. The actual projection was 13 inches. Doors projecting into the corridor greater than 7 inches present an obstruction to the exit during an emergency. The observation was confirmed with the Maintenance Director. Interview, on 10/24/12 at 12:37 PM, with the Maintenance Director, revealed he was not aware the door projected into the corridor greater than 7 inches. Reference: NFPA 101 (2000 edition)	K 038	It is and was on the day of survey the policy of Robertson County Healthcare Facility to ensure that exits are readily accessible at all times. 1. The Dining Room door was found to project into the corridor greater than 7 inches. A self closure was placed on the door. 2. All doors that project into the corridor have been assessed and are in compliance with the above. 3. The Maintenance Supervisor will observe and document all entrances and exits into the corridor to ensure that they have appropriate closures at least monthly. 4. As part of the facility's ongoing continuous quality assurance program the door closures will be observed at least every six months by the Administrator or designee. 5. November 19, 2012	

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K 038	Continued From page 2 7.2.1.4.4* During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 in. (17.8 cm) into the required width of an aisle, corridor, passageway, or landing, when fully open. Doors shall not open directly onto a stair without a landing. The landing shall have a width not less than the width of the door. (See 7.2.1.3.) Exception: In existing buildings, a door providing access to a stair shall not be required to maintain any minimum unobstructed width during its swing, provided that it meets the requirement that limits projection to not more than 7 in. (17.8 cm) into the required width of a stair or landing when the door is fully open.	K 038		
K 073 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4 This STANDARD is not met as evidenced by: Based on observation, policy review, and interview it was determined the facility failed to ensure decorations used by the facility were noncombustible. The deficiency had the potential to affect two (2) of four (4) smoke compartments, thirty eight (38) residents, staff and visitors. The findings include: Review of the facility's policy revealed decorations used in the facility would be sprayed with a fire retardant spray.	K 073		

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K 073 Continued From page 3

Observation, on 10/24/2012 at 12:44 PM, with the Maintenance Director, revealed hay bales being used as decorations in the dining room. Further observation revealed hay bales and fodder shocks used as decorations at two (2) exterior exits. Combustible decorations must be treated to prevent the spread of fire. The observation was confirmed with the Maintenance Director.

Interview, on 10/24/2012 at 12:44 PM, with the Maintenance Director, revealed the facility had placed the decorations in the dining room and the exterior exits approximately two (2) weeks prior for a 20 year reunion for the facility. continued interview the facility had failed to spray the hay bales and fodder shocks because these items had been overlooked.

Reference: NFPA 101 (2000 edition)
19.7.5.4 Combustible decorations shall be prohibited in any health care occupancy unless they are flame-retardant.
Exception: Combustible decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present.

K 073

It is and was on the day of survey the policy of Robertson County Healthcare Facility to ensure all decorations are noncombustible or treated with a flame retardant spray.

1. There were hay bales and fodder shock being used for decoration in the Dining Room which was not sprayed before being put into use. The decorations were removed from the premises immediately.
2. All decorations and resident personal items are to be inventoried at least quarterly to ensure that all materials are flame retardant or have been sprayed with the facility provided retardant.
3. The Maintenance Supervisor will inventory all items in resident rooms as well as all decorations in the facility to ensure that they have been sprayed at least quarterly or with any new admission. The Supervisor will keep a log of all items that have been inventoried. An in-service was conducted by the Administrator on October 25, 2012 with the Maintenance department about proper flame retardant protocol.
4. As part of the facility's ongoing continuous quality assurance the maintenance supervisor will provide the quarterly inventory report to the Administrator or designee. The report will be reviewed quarterly.
5. November 2, 2012