

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

PRINTED: 10/11/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/06/2011
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NAME OF PROVIDER OR SUPPLIER SUNRISE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 717 NORTH LINCOLN BLVD HODGENVILLE, KY 42748
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F 000 F 312 SS=E	<p>INITIAL COMMENTS</p> <p>An abbreviated survey for KY#17207 was conducted on October 4-6, 2011 and found the facility was not meeting the minimum requirements. The allegation was Substantiated with deficiencies cited at highest s/s= "E".</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the clinical and bathing/shower records, it was determined the facility failed to provide necessary services (showers) to maintain personal hygiene for five (5) of eight (8) sampled residents. The facility moved into a new, larger building and experienced problems with cold water. Residents' showers were not given as scheduled. Interview with multiple residents revealed they were upset because they had not received the scheduled showers and there was not enough staff to provide for their hygiene needs.</p> <p>The findings include: Observation of the boiler room, on 10/04/11 at 6:45 PM, revealed the temperature of the water leaving the tank was 96 degrees Fahrenheit.</p> <p>Observation during the tour of the nursing facility,</p>	F 000 F 312	<p>Sunrise Manor Nursing Home does not believe and does not admit that any deficiencies existed before, during or after the survey. Facility reserves the rights to contest the survey findings through contract obligation or position and Facility, 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, 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 Facility, does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. Facility, offers its responses, credible allegations of compliance 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

X Monica Sexton RN

X Director of Nursing

10/27/11

A 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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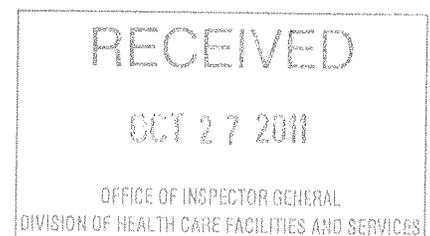
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F 312	<p>Continued From page 1</p> <p>on 10/04/11 at 6:30 PM, revealed most residents in bed awake. Test of random residents' rooms, revealed water temperatures of 100-106 degrees Fahrenheit. The water had to run a long time (5-7 minutes) but did reach acceptable temperatures.</p> <p>1. Observation of Resident #1 during the tour, on 10/04/11 at approximately 6:30 PM, revealed the resident was lying in bed awake. The resident's hair appeared to be dirty. Interview at the time of the observation revealed the resident had not received a shower or sponge bath for over a week. The resident stated their hair had not been washed and they were shaved for the first time (for over a week) today. The resident stated they were very angry that they could not receive a shower/bath because of no hot water.</p> <p>Review of the shower log revealed Resident #1 was scheduled for showers/baths on Wednesdays and Saturdays. There was no documented evidence the resident received a shower on Saturday, 09/30/11. Review of the clinical record revealed the facility assessed the resident to require total assistance from staff for bathing and grooming. The resident was to have their hair washed with a shower.</p> <p>2. Observation of Resident #2 during the tour, on 10/04/11 at 6:45 PM, revealed the resident sitting up in bed watching television. The resident appeared clean but interview with the resident revealed the resident had to go to the beauty shop today to get her/his hair washed. "I stink!" "I have not had a shower since we moved over here." (The facility moved into the new building on 09/28/11). The resident stated the water had been "ice cold" and residents just started getting</p>	F 312	<p>Corrective Action for Residents Affected:</p> <p>1. Residents' # 1, 2, 4, 5 and 6 received showers on Day shift on 10-5-11 by the assigned SRNA.</p> <p>Identification of Residents with the potential to be affected:</p> <p>1. All residents have designated days for bathing/showers and therefore have the potential to be affected.</p> <p>2. On 10-5-11 a new ADL documentation form was implemented for the SRNA to document when and what type of ADL care is provided to ensure that each resident that is scheduled for a shower/bath has been given one.</p> <p>Measure or system changes to prevent reoccurrence:</p> <p>1. On 10-5-11 a new ADL documentation form was completed for the SRNA to document the when and what type of ADL care is provided.</p> <p>2. The ADL documentation form will be reviewed by the charge</p>	<p>10-5-11</p> <p>10-5-11</p> <p>10-5-11</p>



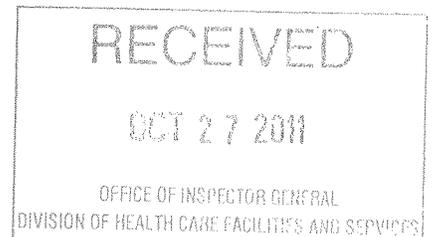
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F 312	<p>Continued From page 2 showers today.</p> <p>Review of the shower record revealed Resident #2 was scheduled for showers on Wednesdays and Saturdays. Review of the shower log revealed no documented evidence the resident received a shower on Saturday, 09/30/11. The clinical record revealed the facility assessed the resident to acquire extensive assist with bathing and grooming.</p> <p>3. Observation of Resident #4, on 10/04/11 at 7:00 PM, revealed the resident lying in bed. There was no odor; however, the resident's personal hygiene was not clean. Interview revealed the resident could not recall if they had a shower or not.</p> <p>Review of the shower log revealed no documented evidence the resident had received a shower on September 29th or 30th. The resident was scheduled for a shower on 09/30/11. The clinical record revealed the facility assessed the resident to need extensive assist with bathing and grooming.</p> <p>4. Interview with Resident #5, on 10/04/11 at 7:50 PM, revealed the resident was scheduled for showers on Wednesdays and Saturdays. The resident stated they had only washed off with a pan (sponge bath) since the move to the new building. The clinical record revealed the facility assessed the resident to require extensive assist with bathing and grooming.</p> <p>5. Observation of Resident #6, on 10/04/11 at approximately 7:00 PM, revealed the resident lying in bed awake. There was no odor. The</p>	F 312	<p>nurse at the end of each shift to ensure the ADL care has been completed.</p> <p>3. If the resident refuses or the bath/shower cannot be completed on the scheduled shift, the charge nurse will be notified by the SRNA and the bath/shower will be moved to the next shift and the family will be notified by the charge nurse.</p> <p>4. Water temps will be taken daily Monday – Friday for 1 month by the plant ops manager or assistant and reported to the clinical team in the clinical morning meeting to ensure water temps are at the appropriate temperature.</p> <p>5. All active NSG staff has been educated on the new ADL documentation form and notification procedures by the staff development coordinator,</p> <p>6. All active NSG staff has been educated on ADL Care with demonstration and competency check off completed on all active SRNA's by the staff development coordinator.</p>	10-27-11



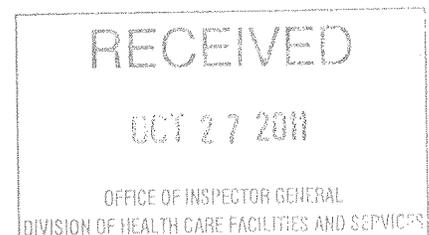
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F 312	<p>Continued From page 3</p> <p>resident stated she/he had not received a bath last week due to cold water temperatures. Review of the log book revealed no documented evidence that the resident received a shower last week. The facility assessed the resident to need extensive assist with bathing and grooming.</p> <p>Review of the bathing schedule for the evening shift on 10/04/11 on 1 North wing revealed four (4) showers, one (1) whirlpool, and one (1) bed bath was scheduled to be completed by 10:00 PM.</p> <p>Interview with CNA #1 and CNA #2, on 10/04/11 at 8:00 PM, revealed the scheduled showers are suppose to be done before leaving; however, there were only three (3) nurse aides for thirty-five (35) residents and it would be impossible to complete the scheduled showers within the two (2) remaining hours. The CNAs revealed it was a major problem with the move and the first shower day, there was no hot water to give showers. They stated most residents on this unit required extensive assistance with bathing and grooming. CNA #1 had been instructed to change out a mattress and would not have time to give the showers. CNA #2 stated they tried to provide a sponge bath when showers could not be given.</p> <p>Review of the shower log for September revealed twelve (12) unsampled resident did not receive their scheduled showers for Friday (09/29/11) and Saturday (09/30/11).</p> <p>Interview with a 1-North unit staff nurse, on 10/04/11 at 8:00 PM, revealed the staff could not give showers on 09/29/11 and 09/30/11 due to cold water temperatures.</p>	F 312	<p>4. Any concerns identified with the above audits will be reported to the DON/Administrator for immediate follow up and disciplinary action as needed.</p> <p>5. All findings of the above audits will be reported to the QA meeting for review and will be continued if needed at the discretion of the QA committee.</p> <p>Monitor Changes/Systems to ensure no deficient practice:</p> <p>1. The ADL documentation books from each unit will be brought to the daily clinical meeting by the ADONS for review Monday – Friday for 1 month to ensure showers have been completed.</p> <p>2. The ADON's will complete a 10% audit on each unit weekly for 1 month to ensure residents appear clean, well groomed and odor free.</p>	10/27/11



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F 312	<p>Continued From page 4</p> <p>Interview with the Administrator, on 10/04/11 at 9:30 PM, revealed he was unaware the residents were not getting their scheduled showers. He stated no resident received a bath on Wednesday, September 28, 2011 because of the move and then the cold water temperatures was a problem. However, he thought the residents were receiving showers now.</p> <p>Interview with CNA #3, on 10/05/11 at 10:05 PM, revealed the move was not very organized. There were reports that some residents had not received their regular scheduled shower. At first, the facility had trouble with cold water and showers were not given. Interview with CNA #4 and #5, on 10/05/11 at 10:05 PM, revealed staffing was better on this date; however, showers were not given in the previous days.</p>	F 312	<p>3. The Social Service Director will conduct interviews on 10 residents that are alert and oriented weekly for 1 month to ensure they are receiving their showers/baths as scheduled and the water temperatures are adequate.</p> <p>4. Any concerns identified with the above audits will be reported to the DON/Administrator for immediate follow up and disciplinary action as needed.</p> <p>5. All findings of the above audits will be reported to the QA meeting for review and will be continued if needed at the discretion of the QA committee.</p>	10/27/11

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OCT 27 2011
OFFICE OF INSPECTOR GENERAL
DIVISION OF HEALTH CARE FACILITIES AND SERVICES