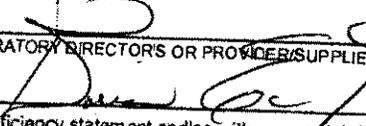


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185028	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/05/2012
NAME OF PROVIDER OR SUPPLIER JOHNSON MATHERS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2323 CONCRETE ROAD CARLISLE, KY 40311	
(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 An Abbreviated survey Investigating KY#00019431, KY#00019433 and KY#00019446 was initiated on 12/04/12 and concluded on 12/05/12. KY#00019431 was substantiated with a deficiency cited at a Scope and Severity S/S of a "D". KY#00019433 was substantiated with no deficiencies cited. KY#00019446 was unsubstantiated with no deficiencies cited.	F 000	Johnson Mathers Nursing Home acknowledges receipt of the Statement of Deficiencies and purposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of the quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Johnson Mathers Nursing Home's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor that any deficiency is accurate. Further, Johnson Mathers Nursing Home reserves the right to refute any of the Deficiencies through Informal Dispute Resolution, formal appeal procedures and/or any other administrative or legal proceeding.	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY 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 interview, record review and review of the facility's handbook entitled "Resident Rights for Residents In Kentucky Long Term Care Facilities", it was determined the facility failed to promote care for residents in a manner and in an environment that maintained or enhanced each resident's dignity and respect for one (1) or eight (8) sampled residents (Resident #29). The facility failed to prevent residents who were dependent upon staff for toileting from having incontinent episodes related to staff not assisting residents to the toilet timely. Resident #29 had an episode of bladder incontinence related to the call bells not being answered when he/she needed assistance to the toilet.	F 241	Resident #29 was visited by the Administrator on 12/10/12 and 12/12/12 to ensure he/she was receiving the care needed in a manner to maintain dignity and respect. Resident #29 was again visited by the ADON on 12/21/2012 to ensure services continued to provided in a manner as needed to maintain dignity. All residents have the potential to be affected. Residents were visited by the Administrator on 12/10/2012 through 12/13/2012 to identify any other residents affected. Residents were interviewed	12/28/2012
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE
		Administrator		1/9/2013

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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F 241 Continued From page 1
The findings include:

Review of the facility handbook, entitled "Resident Rights for Residents in Kentucky Long Term Care Facilities", revealed each resident should be treated with consideration, respect, and full recognition of his/her dignity and individuality, including privacy in treatment and in care for personal needs.

Record review revealed the facility re-admitted Resident #29 on 11/09/12 with diagnoses which included Difficulty Walking and Dementia without Behavioral Disturbance. Review of an Annual Minimum Data Set (MDS) Assessment, dated 11/19/12, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of thirteen (13) out of fifteen (15) indicating the resident was alert and oriented. Further review revealed the facility assessed the resident as always continent of bowel and bladder.

Review of Resident #28's record revealed he/she was admitted to the facility on 03/13/11 with diagnoses of Difficulty Walking, Macular Degeneration, and Dementia with Behavioral Disturbances. Review of the Quarterly MDS dated 09/24/12 revealed the facility assessed the resident as having a BIMS score of fifteen (15) indicating the resident was alert and oriented.

Interview with Registered Nurse (RN) #3, on 12/05/12 at 3:10 PM, revealed when Resident #29 returned from the hospital on 11/09/12 after having fluid taken off of his/her shoulder, he/she required a little bit more help. RN #3 revealed Resident #28 had been protective of Resident

F 241 regarding call light wait times; choices in grooming, activities and dressing; privacy and respect shown by staff. Residents unable to provide answers to the Administrator were observed for dignity issues. All concerns expressed by the residents were addressed with staff and corrected at the time of the discussion with the resident. Resident # 11 slated response time to call bells was much improved.

All staff were re-educated 11/28/2012 through 12/13/2012 by the Staff Facilitator, DON and/or Administrator with regard to dignity for all residents; and that 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/her individuality; including answering call lights for any resident who rings regardless of their assigned staff member. This education will be provided to all new employees during orientation.

In addition, 11/23/2012 through 12/14/2012, the DON and ADON took the laptop computer to each resident room to observe the resident and their needs as compared to their care plan and care guide. The care plans and care guides were revised for toileting according to the continence assessment of the resident as well as revisions to other areas as changes in residents care warranted. Those residents identified as often needing to be assisted to

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NAME OF PROVIDER OR SUPPLIER JOHNSON MATHERS NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2323 CONCRETE ROAD CARLISLE, KY 40311
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F 241 Continued From page 2
#29 prior to Resident #29's hospitalization, and became more protective of Resident #29 upon his/her return from the hospital.

Interview with State Registered Nursing Assistant (SRNA) #21, on 12/05/12 at 1:50 PM, revealed upon Resident #29's return from the hospital on 11/09/12, he/she required more assistance. SRNA #21 stated Resident #29 was good about calling for assistance, including assistance to the bathroom, although sometimes it took second shift a little while to respond as "there are so many people [on the unit] that need two assist".

Interview with SRNA #16, on 12/05/12 at 10:29 AM, revealed upon Resident #29's return from the hospital staff had to assist the resident to the bathroom as he/she was kind of weak. SRNA #16 stated she was unaware of Resident #29 having any incontinent episodes.

Interview with Resident #28, on 12/05/12 at 9:30 AM, expressed concerns the facility needed more help. He/she shared concerns for Resident #29 deserving more help, and went on to reveal he/she went to visit Resident #29 one night after he/she received shoulder surgery. Resident #28 revealed Resident #29 was unable to move his/her over-bed table out of the way to get out of bed, and had his/her call light on. Resident #28 stated Resident #29's roommate, Resident #32, stated to him/her that Resident #29's call light had been on for one half of an hour and no one had responded. Resident #28 stated he/she helped Resident #29 move the over-bed table out of the way and helped him/her to the bathroom, but Resident #29 was already wet. Interview with Resident #29, on 12/05/12 at 9:50 AM, revealed

F 241 Toilet during meal times will be provided an opportunity to toilet prior to meal time.

Also, effective 12/5/2012 the DON assigned a staff position on the daily staffing guide to answer call lights during meal times.

Admin Nurse Team, including the DON, ADON, QI Nurse, MDS Nurses and Staff Facilitator will continue to monitor that resident care is being provided in a manner that respects each resident's dignity as a part of their daily rounds, Monday through Friday. The results of these rounds will be documented on the Daily Rounds QI tool. Any concerns identified during these rounds will be addressed & corrected as indicated. The QI Rounds tools and the results of these rounds will be reported at the weekly QI meeting for four (4) weeks then monthly hereafter.

In addition, effective 12/13/2012, weekly audits of call light response time will be conducted at random times during a twenty-four hour period by a member of the Admin Nurse Team and/or the Administrator. The results of these audits will be reported to the DON upon completion and at the weekly QI meeting for four (4) weeks then monthly thereafter.

The results of these monthly meetings will be reported quarterly to the Quality Improvement Executive Committee consisting of the Administrator, DON, ADON,

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AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

185028

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

C

12/05/2012

NAME OF PROVIDER OR SUPPLIER

JOHNSON MATHERS NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

2323 CONCRETE ROAD
CARLISLE, KY 40311

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

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PROVIDER'S PLAN OF CORRECTION
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DEFICIENCY)

(X5)
COMPLETION
DATE

F 241 Continued From page 3
when the staff member (he/she could not
remember which staff) responded to the call light,
they said they were too busy to help. Resident
#28 revealed this occurred the night Resident #29
returned from the hospital (11/09/12).

F 241 QI Nurse, Medical Director and any other
persons required to provide information
pertinent to the reports being discussed at
the Executive Committee meeting. The
Executive QI Committee will make
recommendations for further action such as
more staff education, change in process,
procedure or policy or other course of action
based upon the data presented.