

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

PRINTED: 10/19/2012  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/05/2012
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NAME OF PROVIDER OR SUPPLIER  RIDGEWOOD TERRACE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 426 ISLAND FORD ROAD MADISONVILLE, KY 42431
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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  An abbreviated survey (KY# 19134 and KY# 19074) was conducted on 10/02/12 through 10/05/12 to determine the facility's compliance with Federal requirements. KY #19134 and KY# 19074 were substantiated with no regulatory violations. An unrelated deficiency was cited with the highest scope and severity of a "D".	F 000	Preparation and execution of this plan of Correction does not constitute an admission of or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This Plan of Correction is prepared solely because Federal and State Law require it. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction. Failure to dispute or challenge deficiencies below is not an admission that the alleged facts occurred as presented in the statements.	
F 164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS  The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.  Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.  The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.  The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.	F 164	<u>F 164 Personal Privacy/Confidentiality of Records</u>  <i>Residents Found to Have Been Affected</i> LPN #2 who was directly involved in the care of Resident #7 is no longer an employee of the facility.  <i>Identification of Other Residents with the Potential to be Affected</i> All residents have the potential to be affected by F 164. Systemic and Monitoring actions listed below will include all residents who have the potential to be affected.  <i>Systemic Changes</i>  The LPN Staff Development Coordinator conducted training on October 3-6, 2012 to educate all staff on the Dignity Policy.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Administrator* (X6) DATE: 10/23/12

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  RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 425 ISLAND FORD ROAD MADISONVILLE, KY 42431		
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F 164	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to ensure resident's privacy and confidentiality for one resident (#7), in the selected sample of seven residents. The facility failed to ensure staff followed the Dignity/Respect policy and procedure. One staff assisted Resident #7 to the bathroom and was seen sitting on the toilet from the main hallway. Facility staff did not close the bathroom door, the privacy curtain, or the resident's room door. The findings include: A review of the facility's policy/procedure, "Dignity/Respect", dated 10/04/11, revealed the staff was responsible to use curtains or screens and to close the room door during care and procedures. Further, the staff was to "close bathroom door when person uses bathroom." A record review revealed Resident #7 was admitted to the facility on 10/02/12 with diagnoses to include Malignant Neoplasm of Bladder, Heart Failure, Hypertension, Hypothyroidism, Insomnia, and Disorder of the Kidney and Bladder. A review of the nursing admission assessment in the nursing notes, dated 10/02/12 at 2:10PM, revealed the facility assessed Resident #7 as alert and oriented, able to make needs known, continent of bladder and required assistance of 2 staff for ambulation and transfers. An observation from the main hallway, on 10/03/12 at 9:25 AM, revealed Resident #7 was sitting on the toilet in the bathroom of the resident's room. During the observation staff was overheard speaking with the resident while the</p>	F 164	<p>A Dignity Observation audit tool was developed by the Quality Assurance Nurse and completed by Charge Nurses at least every two hours each shift to ensure that the Dignity Policy &amp; Procedure is followed.</p> <p><i>Monitoring</i> The Administrator will review all Dignity Observation audits with the Social Services Director at the daily Continuous Quality Improvement (CQI) meeting to verify that the developed and implemented policies to prevent violations of dignity are being followed.</p> <p>All allegations of violations of the Dignity Policy will be submitted to the QAA Committee by the Social Services Director and reviewed by the QAA Committee to determine that these allegations are being treated according to the policies of the facility.</p> <p>The QAA Committee will meet weekly to address policies relating to Dignity beginning on October 6, 2012 for a minimum of four weeks and until regulatory compliance is achieved.</p> <p>Completion Date: October 8, 2012</p>		

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F 164	Continued From page 2 resident was on the toilet. LPN #2 called for additional staff to assist in the transfer Resident #7 from the toilet to the wheelchair. An interview with the DON, on 10/0512 at 1:30 PM, revealed her expectation of staff was to provide privacy, always, and should make sure the resident had privacy. With bathroom assistance, the DON expected the staff to always close doors, pull curtains, and never leave unattended.	F 164			