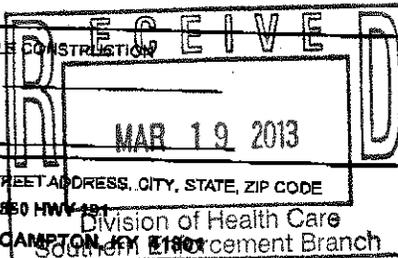


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

AMENDED

PRINTED: 03/12/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185213	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  02/22/2013
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NAME OF PROVIDER OR SUPPLIER  WOLFE COUNTY HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 HWY 181 CAMPTON, NJ 08041 Division of Health Care Enforcement Branch
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(X4) IO 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)	(X6) COMPLETION DATE
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F 000	INITIAL COMMENTS	F 000		
F 253 SS=D	<p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policies, it was determined the facility failed to ensure effective maintenance and housekeeping services were provided to maintain a sanitary, orderly, and comfortable interior. The armrest on Resident #1's geri-chair was observed to be torn and jagged and the armrest on unsampled Resident A's wheelchair was torn and needed to be replaced. In addition, the gastric feeding pump used to administer tube feedings to unsampled Resident B, as well as the pole the pump was secured to, were observed to have dried tube feeding on the surfaces.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Review of a worksheet tool (undated) utilized by maintenance staff revealed maintenance staff was to conduct observations of resident rooms, including wheelchairs/geri-chairs, on a weekly basis to identify any needed repairs.</li> </ol> <p>Observations during the environmental tour on 02/22/13 at 3:15 PM revealed the armrest on</p>	F 253	<p>see attachment #1</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Aura [Signature]* TITLE: *Administrative* DATE: 3/15/13

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.

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

PRINTED: 03/12/2013  
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  156213	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  02/22/2013
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NAME OF PROVIDER OR SUPPLIER  WOLFE COUNTY HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 860 HWY 101 CAMPTON, KY 41301
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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
F 253	<p>Continued From page 1</p> <p>Resident #1's geri-chair was torn and jagged. In addition, the armrest on Resident A's wheelchair was observed to be worn/torn.</p> <p>Resident #1 did not respond to questions appropriately when an interview was attempted on 02/22/13 at 3:15 PM.</p> <p>Interview with Resident A on 02/22/13 at 3:15 PM revealed the resident wanted the wheelchair arm repaired; however, the resident stated, "I can't afford to pay for the repairs."</p> <p>Interview with the Maintenance Supervisor on 02/22/13 at 3:30 PM revealed the wheelchairs and geri-chairs were checked on a weekly basis and should have been identified by the Maintenance Supervisor. The Maintenance Supervisor said a repair requisition could be filled out by staff for any needed repairs and placed in a box at the nurses' stations. The Maintenance Supervisor was unaware of any requisitions for wheelchairs or geri-chairs to be repaired.</p> <p>2. Review of the facility policy, Room Duties (undated), revealed cleaning gastric tube feeding pumps and poles was to be done every day by housekeepers.</p> <p>Observation on 02/20/13 at 3:15 PM of Resident B's gastric feeding pump and the pole the feeding pump was attached to revealed dried tube feeding on the right side of the pump and on the pole holding the pump.</p> <p>An interview was attempted with Resident B on 02/20/13 at 3:15 PM; however, the resident did not respond to questions appropriately.</p>	F 253		

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

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NAME OF PROVIDER OR SUPPLIER  WOLFE COUNTY HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 850 HWY 191 CAMPTON, KY 41301
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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 253	<p>Continued From page 2</p> <p>Interview with the Housekeeping Supervisor on 02/20/13 at 3:30 PM revealed housekeeping staff was assigned to clean resident rooms, including gastric feeding pumps and the poles they are attached to, on a daily basis. According to the Housekeeping Supervisor, Housekeeper #1 had been assigned to clean Resident B's room; however, Housekeeper #1 had left the facility for the day and an interview was not conducted. The Housekeeping Supervisor said, "I monitor daily for cleanliness and had not identified any issues with gastric pumps or poles until now."</p> <p>Interview with the Administrator on 02/22/13 at 3:40 PM revealed she was unaware the armrest on Resident #1's geri-chair was torn or that dried tube feeding was on the gastric feeding pump and pole observed in Resident B's room. The Administrator said the feeding pumps and poles should be cleaned daily, and wheelchairs/geri-chairs should be maintained in good working condition.</p>	F 253		
F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure services provided met professional standards of quality for one of twenty sampled residents (Resident #6).</p>	F 281	<p>see attachment #2</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  WOLFE COUNTY HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 860 HWY 191 CAMPTON, KY 41301
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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
F 281	<p>Continued From page 3</p> <p>Resident #6 had physician's orders for oxygen to be administered at 2 liters per minute; however, observations conducted on 02/20/13 and on 02/21/13 revealed facility staff failed to ensure the oxygen was administered as ordered by the physician.</p> <p>The findings include:</p> <p>A review of the facility protocol for Physician's orders (no date) revealed the physician's orders would be verified upon admission and would be followed accordingly until changed.</p> <p>A review of the medical record revealed the facility admitted Resident #6 on 10/11/11 with diagnoses that included Chronic Obstructive Pulmonary Disease, Dementia, Anxiety, Restless Leg Syndrome, and Lumbar Pain. A review of the February 2013 physician's orders revealed the physician ordered oxygen to be administered at 2 liters per minute per nasal cannula for Resident #6.</p> <p>Observations conducted on 02/20/13 at 3:40 PM, 5:00 PM, and 5:50 PM, revealed Resident #6 was lying in bed and was receiving at 3.5 liters per nasal cannula. On 02/21/13 at 8:40 AM, 9:15 AM, 10:30 AM, and 11:25 AM, the resident was observed to continue to receive oxygen at 3.5 liters per minute per nasal cannula. On 02/22/13, at 9:45 AM, the resident was observed to be receiving oxygen at 2 liters per minute per nasal cannula.</p> <p>Interview conducted with Licensed Practical Nurse (LPN) #1 on 02/22/13, at 9:50 AM, revealed the nurses were supposed to check the resident's</p>	F 281		

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NAME OF PROVIDER OR SUPPLIER  WOLFE COUNTY HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 850 HWY 191 CAMPTON, KY 41301
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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
F 281	<p>Continued From page 4</p> <p>oxygen setting two to three times during their assigned shift. LPN #1 stated she did not check Resident #6's oxygen setting until the afternoon of 02/21/13. The LPN stated she had identified the resident's oxygen was set on 3 liters per minute at approximately 2:00 PM on 02/21/13 and adjusted the oxygen setting to 2 liters.</p> <p>Interview with the Director of Nurses (DON) on 02/22/13, at 2:55 PM revealed nurses were responsible to check the resident's oxygen setting whenever they went in each resident's room to ensure the oxygen was administered in accordance with physician's orders. The DON stated she also conducted "spot checks" on a periodic basis to monitor the resident's oxygen setting and no problems had been identified.</p>	F 281		

*attachment #1*

F 253

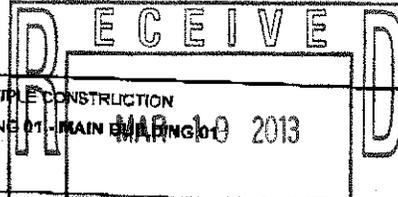
1. The armrest on Resident #1's geri-chair was repaired on 2/22/13. The wheelchair armrest on Resident A's wheelchair was replaced on 2/22/13. The feeding pump and pole in Resident B's room was also cleaned on 2/22/13.
2. Environmental rounds were conducted throughout the facility to ensure that necessary housekeeping and maintenance services are provided to maintain a sanitary, orderly and comfortable building. Special attention was focused on gastric feeding pumps and poles, and resident equipment such as wheelchairs and geri-chairs.
3. An In-service was conducted by the Housekeeping Supervisor with the Housekeeping department on 2/25/13 regarding proper cleaning to maintain a safe sanitary environment. A focus on maintaining clean gastric feeding pump and poles was addressed in the In-service. Also, the Administrator In-serviced the Maintenance Supervisor on 3/13/13 to specifically check all resident equipment weekly during rounds in resident rooms and repair as indicated.
4. A CQI committee designee will conduct environmental rounds in the building to ensure proper housekeeping and maintenance services are being provided to maintain a sanitary, orderly and comfortable environment. The rounds will include checking the gastric feeding pumps and poles three times a week for one month and then once a week for three months. The rounds will also include checking resident equipment for repairs weekly for one month and monthly thereafter for one quarter.
5. Completion Date: March 22, 2013

F 281

*Attachment #2*

1. Resident #6 is receiving services that meet professional standards of quality as specified by her individual plan of care, including receiving her oxygen at the rate ordered by her attending physician.
2. The facility Administrative nursing team has conducted resident care rounds to ensure services are being provided that meet professional standards of quality. The rounds included checking all oxygen concentrator settings to ensure they correspond with M.D. orders.
3. An In-service was conducted on 3/13/13 by the Director of Nursing with the nursing staff that addressed providing service that meets professional standard of care for quality. The importance of checking oxygen rates for accuracy was reviewed in the In-service.
4. The CQI Committee designee will observe four residents per unit per week to ensure they are receiving services that meet professional standards of quality. They will specifically observe to ensure oxygen rates are set in accordance with M.D. orders. These observations will occur weekly for one month, then monthly for a quarter. Any identified concern will be corrected and reported to the CQI Committee for further review.
5. Completion date: March 22, 2013.

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



PRINTED: 03/08/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186213	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING	(X3) DATE SURVEY COMPLETED  02/21/2013
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NAME OF PROVIDER OR SUPPLIER  WOLFE COUNTY HEALTH & REHABILITATION CENTER	Division of Health Care SOUTHERN DISTRICT OFFICE 860 HWY 191 CAMPTON, KY 41301
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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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K 000	<p><b>INITIAL COMMENTS</b></p> <p>CFR: 42 CFR 483.70(a)</p> <p>Building: 01</p> <p>Plan Approval: 1990</p> <p>Survey under: NFPA 101 (2000 Edition), Chapter 19 (Existing Health Care)</p> <p>Facility type: SNF/NF</p> <p>Smoke Compartments: 5</p> <p>Fire Alarm: Complete fire alarm with smoke detectors in corridors and single station smoke detectors in resident rooms</p> <p>Sprinkler System: Complete automatic sprinkler system</p> <p>Generator: Type II, 175 KW Diesel installed 1990; Type II, 150 KW Diesel installed in 2011</p> <p>A life safety code survey was initiated and concluded on 02/21/13. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire). The facility was found not to be in substantial compliance with the Requirements for Participation for Medicare and Medicaid.</p> <p>Deficiencies were cited with the highest deficiency identified at "F" level.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or</p>	K 000		
K 018 SS=F		K 018	see attachment #3	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Arian Arnold</i>	TITLE <i>Administrator</i>	(X6) DATE <i>3/15/13</i>
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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.

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

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NAME OF PROVIDER OR SUPPLIER  WOLFE COUNTY HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 850 HWY 191 CAMPTON, KY 41301
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K 018	<p>Continued From page 1</p> <p>hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that corridor doors were maintained according to NFPA standards. This deficient practice affected five of five smoke compartments, staff, and all the residents. The facility has the capacity for 100 beds with a census of 99 on the day of the survey.</p> <p>The findings include:</p> <p>During the Life Safety Code tour on 02/21/13 at 11:30 AM with the Director of Maintenance (DOM), a corridor door to resident room 110 had an excessive gap at the top of the door. Resident room 118's door would not latch. Corridor doors</p>	K 018		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  WOLFE COUNTY HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 850 HWY 191 CAMPTON, KY 41301
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K 018	<p>Continued From page 2</p> <p>must fit, close, and latch to help resist the passage of smoke in a fire situation. In addition, during the survey, resident rooms 125, 204, 210, 214, 215, and 225 were observed not to latch or fit properly.</p> <p>An interview on 02/21/13 at 11:30 AM with the DOM revealed he was not aware the doors had an excessive gap or would not latch. The findings were revealed to the Administrator upon exit.</p> <p>Reference: NFPA 101 (2000 Edition).</p> <p>19.3.6.3.2*</p> <p>Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. Roler latches shall be prohibited on corridor doors.</p>	K 018		

K 018

1. The doors for rooms 110, 118, 125, 204, 210, 214 and 215 have been adjusted to ensure they are closing properly in accordance with NFPA standards.
2. All other corridor doors in the building have been checked to ensure they are closing properly and being maintained in accordance with NFPA standards.
3. The Administrator in-serviced the Maintenance Supervisor on 3/13/13 regarding following the life safety code standards that address maintenance of corridor doors. Assessing corridor doors for proper maintenance have been added to the routine preventive maintenance worksheet.
4. A CQI committee desigee will inspect all corridor doors on a monthly basis to ensure that they are closing properly in accordance with the life safety code standards. Any identified concerns will be corrected and reported to eh QA committee for follow-up.
5. Completion Date: March 22, 2013