

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

RECEIVED
JUL - 6 2012
Division of Health Care
Surveillance Enforcement Branch

PRINTED: 05/06/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2012
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NAME OF PROVIDER OR SUPPLIER EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY AND STATE 17 SOUTH THIRD STREET DANVILLE, KY 40422
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	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		
F 315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure that the use of an indwelling urinary catheter without a documented medical justification for its use did not occur for one of five sampled residents (Resident #2). On 05/30/12, Resident #2 was admitted to the facility after an admission to a local acute care hospital and was noted to have an indwelling urinary catheter in place. Observation of Resident #2 on 06/05/12, revealed although the urinary catheter remained in place there was no documented evidence to support the continued use of the indwelling urinary catheter for Resident #2.</p> <p>The findings include:</p>	<p>F 315</p> <p>In addition to the electronic medical record screen for physician documentation of Foley Catheter Medical Necessity, an addition to the "TCU ADMISSION CHECKLIST" includes Foley Catheter Criteria & Diagnosis prompts to prevent any additional patients from being admitted to the TCU without a physician order, criteria not met or diagnosis supporting the catheter.</p> <p>Resident #2's Foley Catheter was removed after an order was obtained to D/C Foley Catheter.</p> <p>See the highlighted revised sections of TCU ADMISSION CHECKLIST: ATTACHMENT "A".</p> <p>Monthly scoreboard performance improvement measure will be added to ensure sustainment of the foley catheter orders, supported by criteria and related diagnoses:</p> <p># pts. w FC Order, Criteria & Dx # of total patients w FC</p>	<p>06/26/12</p> <p>06/05/12</p> <p>07/01/12</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Judy A. Logan RN, Director Nursing Home Administrator* TITLE: *Director Nursing Home Administrator* DATE: *06/28/12*

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 EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 217 SOUTH THIRD STREET DANVILLE, KY 40422
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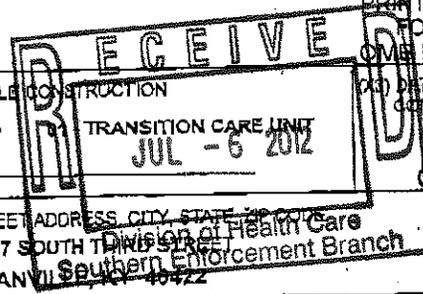
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F 315	<p>Continued From page 1</p> <p>The facility had no policy/procedure related to justification of indwelling urinary catheter placement; however, the facility's electronic medical record system had a screen for physician documentation of Foley Catheter Medical Necessity.</p> <p>Review of the medical record of Resident #2 revealed the facility admitted the resident from the acute care hospital on 05/30/12, with diagnoses that included acute respiratory failure, Klebsiella urinary tract infection, left pleural effusion, and bilateral pneumonia. Review of the physician's orders for Resident #2 from 05/30/12 through 06/05/12, revealed no order for the resident to have an indwelling urinary catheter. Additionally, there was no documentation in the resident's electronic medical record that demonstrated a clinical condition for the necessity of the indwelling urinary catheter.</p> <p>Observations of Resident #2 on 06/05/12, at 11:00 AM, 11:37 AM, 1:42 PM, 2:35 PM, 3:15 PM, and 4:01 PM, revealed the resident had an indwelling urinary catheter in place. The resident was unable to answer questions.</p> <p>Interview on 06/05/12, at 4:24 PM, with Registered Nurse (RN) #1 revealed the resident was admitted from the acute care hospital with the catheter. RN #1 stated she could not find documentation in the resident's medical record and/or comprehensive assessment of a clinical condition or physician's order for the use of the indwelling urinary catheter.</p>	F 315		
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NAME OF PROVIDER OR SUPPLIER EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP+4 217 SOUTH THIRD STREET DANVILLE, VA 24042 Division of Health Care Southern Enforcement Branch
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a).</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1974, 1985, 1996</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: Type I (443)</p> <p>SMOKE COMPARTMENTS: 2</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system.</p> <p>GENERATOR: Type I generators. Fuel source is diesel.</p> <p>A standard Life Safety Code survey was conducted on 06/06/12. Ephraim McDowell Regional Medical Center was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is licensed for 25 beds with a census of 12 on the day of the survey.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p> <p>Deficiencies were cited with the highest</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Judy Morgan, RN* TITLE: *Director of Nursing Home Administration* (X6) DATE: *06/08/12*

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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K 000	Continued From page 1	K 000		
K 050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on Fire Drill record review and interview, it was determined the facility failed to ensure fire drills were conducted quarterly on each shift at unexpected times, in accordance with NFPA standards. The deficiency had the potential to affect two of two smoke compartments, residents, staff, and visitors. The facility is licensed for 25 beds with a census of 12 on the day of the survey.</p> <p>The findings include:</p> <p>Fire drill record review on 06/06/12, at 1:45 PM, with the Director of Engineering Services revealed the fire drills were not being conducted at unexpected times under varied conditions. The first and second quarter fire drills for 2012, on first shift, were conducted at 8:00 AM and 8:15 AM. During the third quarter of 2011, and the first quarter of 2012, on second shift, fire drills were</p>	K 050	<p>The fire drill schedule frequency has been changed to occur each shift, quarterly & with at least 2 hour differences. The variance assures that the fire drill never occurs at the same time during the quarter. For all Associates & patients to benefit from the unexpected or surprise element of time changes, an "Unexpected Fire Drill Schedule" has been made & is to be conducted by security, TCU Associates will not be made aware of the schedule of these items, dates or times. Neither will other disciplines in the TCU area be made aware of the unexpected fire drills.</p> <p>See ATTACHMENT "B".</p> <p>Monitoring to ensure that</p>	

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2016 No. 9107 2:08PM No. 9107
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PRINTED: 06/19/2012

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K 050	Continued From page 2 conducted at 9:20 PM. The facility has two twelve-hour shifts per day. Interview on 06/06/12, at 1:45 PM, with the Director of Engineering Services revealed he was unaware the fire drills were not being conducted as required. Reference: NFPA 101 19.7.1.2. Fire drills shall be conducted at least quarterly on each shift and at unexpected times under varied conditions on all shifts.	K 050	the solution is sustained. The Medical Center Safety Officer will review each Fire Drill for compliance of NFPA 101 19.7.1.2.	06/29/12
K 070 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8 This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure portable space heaters used in the facility were in accordance with NFPA standards. The deficiency had the potential to affect one of two smoke compartments, residents, staff, and visitors. The facility is licensed for 25 beds with a census of 12 on the day of the survey. The findings include: Observation on 06/06/12, at 2:16 PM, with the	K 070	The space heater was removed the day of the survey, 06/06/12 to be sure that no patients present on that day were in danger. The remainder of the area was also inspected 06/06/12 by the Safety Officer & TCU staff, & none found. 06/06/12 A policy is in place that requires all personal electrical equipment to be safety checked. At the time of a request for an electrical safety inspection, a space heater would not be allowed & sent away. Other Associates & patients will be protected by the following measure to ensure that this deficient practice will not recur: Added to the Facility Monthly Departmental Checklist is "Space Heaters Not Present in Department". The TCU Unit monthly check was performed by staff & reviewed by the Safety Officer. Monitoring to ensure that solu-	06/22/12 06/25/12 06/27/12

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K 070	Continued From page 3 Director of Engineering Services revealed a portable space heater located in the MDS Office. The heater did not have any documentation regarding the temperature of the heating element. Interview on 06/06/12, at 2:16 PM, with the Director of Engineering Services revealed he was not aware the heaters could not exceed 212° F in non-sleeping staff and employee areas. Reference: NFPA 101 (2000 Edition). 19.7.8 Portable Space-Heating Devices. Portable space-heating devices shall be prohibited in all health care occupancies. Exception: Portable space-heating devices shall be permitted to be used in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212° F (100° C). NFPA 101 LIFE SAFETY CODE STANDARD	K 070	tions are sustained: The monthly departmental Safety checklist & the semi-annual environmental safety tours will keep a control monitor in place as well as the Personal Equipment Policy on Space heaters brought into work. Both the monthly checklists & the semi-annual safety tours are verified by the medical center safety officer. See ATTACHMENTS: C1, C2, C3, C4, C5, C6.	
K 147 SS=D	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure electrical wiring was maintained in accordance with NFPA standards. The deficiency had the potential to affect one of two smoke compartments, residents, staff, and visitors. The facility is licensed for 25 beds with a census of 12 on the day of the survey.	K 147	1)The lift battery charger in the medication room was removed from the power strip & plugged into a 120 volt standard wall outlet. 2)A new 120 volt outlet was installed into the TV area after an electrical work order was obtained to install the 120 volt outlet directly behind the television.	06/06/12 06/25/12

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K 147	Continued From page 5 following: (1) As a substitute for the fixed wiring of a structure. (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces	K 147		