

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



PRINTED: 08/26/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185269	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/13/2014
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NAME OF PROVIDER OR SUPPLIER CRITTENDEN COUNTY HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WATSON STREET MARION, KY 42064
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F 000	INITIAL COMMENTS An Abbreviated Survey (KY #22039) was conducted on 08/05/14 through 08/13/14 to determine the facility's compliance with Federal requirements. KY #22039 was substantiated with deficiencies cited at the highest scope and severity of a "D".	F 000	F 000 Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within ten (10) days of the survey as a condition to participate in Title 18, and Title 19 programs. The submission of the plan of correction within this time frame should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.	
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. 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 care was provided in accordance with the resident's plan of care for one (1) resident, in the selected sample of ten (10) residents (Resident #1). Resident #1 was transferred from his/her bed to a geri-chair by Certified Nurse Aide (CNA) #1, and sustained a skin tear to the left arm. Review of the care plan revealed the resident was to be transferred by two (2) staff members, utilizing a Maxi-lift for transfers. The findings include: Review of the facility's policy "Resident Rights", undated, revealed each person shall be treated with consideration, respect, and full recognition of his/her dignity and individuality, including privacy in treatment and in care for his/her personal	F 282		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE ADMINISTRATOR	(X6) DATE 9/5/2014
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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.

<i>[Signature]</i>	ADMINISTRATOR	9/22/2014
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F 282	<p>Continued From page 1</p> <p>needs. Residents have the right to be suitably dressed at all times and given assistance when needed to maintain body hygiene and good grooming.</p> <p>Record review revealed the facility admitted Resident #1 on 11/20/13 with diagnoses to include Peripheral Vascular Disease (PVD), Atrophy, Muscular Disuse, Lack of Coordination, Squamous Cell Carcinoma (lip/skin/partial face), Hemiplegia Nondominant Side Left Extremity, Adult Failure to Thrive, A-Fib, Heart Failure, and Contracture Joint Multiple Sites. Review of the Quarterly Minimum Data Set (MDS), dated 07/02/14, revealed Resident #1 was assessed to be moderately cognitively impaired with a Brief Interview Mental Status (BIMS) score of ten (10), and required extensive assistance of two (2) staff members with transfers.</p> <p>Review of the CNA Care plan revealed Resident #1 was care planned to be transferred with a Maxi-lift using two (2) staff assistance and to be wrapped in a blanket during the transfer.</p> <p>Review of the care plan, titled "Resident's ability to perform Independent Activities of Daily Living (ADLs) has deteriorated related to recent illness, and bilateral above the knee amputation (AKA)", dated 12/18/13, revealed, "Provide assistance with transfers and locomotion as needed. Do not rush the resident. Allow extra time to complete his/her ADLs. Encourage the resident to participate in activities to the fullest extent". Review of the care plan, titled "Impaired bed mobility related to bilateral above the knee amputations", dated 12/18/13, revealed "to utilize the Maxi-lift with assistance of two (2) staff for transfers".</p>	F 282	<p>F 282</p> <ol style="list-style-type: none"> 1. Resident #1 is transferred per Maxi-lift with 2 person assist. 2. Residents transferred per Hoyer have potential to be affected. 3. Nursing staff educated on following the care plan and cena care card. This training included purpose of care plans, cena care cards and expectation of keeping care cards with them at all times. All facility staff were re-educated on the Abuse and Neglect policy. In addition, the nursing staff and CNA's were re-educated on the lifting special considerations for Resident #1, including arm sleeves to cover the arms, the resident is to be wrapped in a blanket when lifting, and special attention must be paid to the resident's arm braces when lifting. Training was conducted by the RN Nursing Department Educator on 8/18/2014 and 8/19/2014. 4. Continued compliance will be maintained by the DON and RN Unit Managers reviewing care plans and cena care cards Monday through Friday and AM Clinical Meeting.. Concerns will be reviewed by IDT Team at monthly QAPI Meeting for suggestions and recommendations. IDT Team consists of: DON, 2 RN Unit Managers, RN MDS, Social Services, Therapy Director, Activities Manager, the MD Medical Director, the Consultant Pharmacist and the RN Educator. The QA Committee includes all the IDT members plus the Administrator, Business Office Manager, Housekeeping Manager, 		

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F 282	Continued From page 2 Further record review revealed Resident #1 had cancerous areas to his/her ears, right upper shoulder, upper lip, a skin tear to the right deltoid, and a skin tear to the left upper arm. Review of the resident's care plan, dated 07/27/14, revealed to wrap Resident #1 with a blanket before transferring him/her, utilizing the Maxi-lift. Interview with Resident #1, on 08/06/14 at 4:10 PM, revealed CNA #1 lifted him/her from the bed to the chair using her arms, and did not use the Maxi-lift or wrap him/her with a blanket to transfer him/her from the bed to a geri-chair. Observation, on 08/11/14 at 4:45 PM, revealed an open area, measuring 8.0 centimeter (cm) X 3.0 cm on Resident #1's left upper arm, as well as an oblong purplish, blue area to the resident's left upper underarm, measuring 7.0 cm X 3.2 cm. Interview with CNA #1, on 08/07/14 at 2:21 PM, revealed she usually transferred the resident using the Maxi-lift; however, another aide had taken the sling for the Maxi-lift to the laundry because it was dirty. Interview with Registered Nurse (RN) #1, on 08/12/14 at 7:11 AM, revealed the resident's skin tear occurred, according to the resident, when CNA #1 lifted him/her without using the Maxi-lift. Further interview revealed the resident was to be transferred using the Maxi-lift and a blanket. Interview with CNA #14, on 08/11/14 at 5:55 PM, revealed she has assisted with Resident #1's transfers using the Maxi-lift; however, at times, forgot to use a blanket during the transfer.	F 282	(F-282 continued from Page 2) and the Maintenance Manager.	F-282 9/8/2014	

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F 282	Continued From page 3 Interview with the Director of Nursing (DON), on 08/07/14 at 5:14 PM, and on 08/11/14 at 6:10 PM, revealed Resident #1 received a skin tear, on 07/27/14, during an inappropriate transfer by CNA #1, from the bed to a chair. The DON revealed two (2) staff were to use the Maxi-lift to transfer Resident #1, and to use a blanket to protect his/her arms, in accordance with the resident's care plan. Interview with the Administrator, on 08/12/14 at 4:10 PM, revealed Resident #1 informed him about receiving a skin tear during a recent transfer from the bed to a chair by CNA #1. No further information was provided.	F 282		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. 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 provide necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care, for one (1) resident, in the selected sample of ten (10)	F 309		

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F 309	<p>Continued From page 4</p> <p>residents (Resident #1). Resident #1 sustained an injury to his/her left upper arm during a transfer from his/her bed to a geri-chair by Certified Nurse Aide (CNA) #1. The resident was to be transferred by two (2) staff members, utilizing a Maxi-lift for transfers.</p> <p>The findings include:</p> <p>Review of the facility's policy "Resident Rights", undated, revealed each person shall be treated with consideration, respect, and full recognition of his/her dignity and individually, including privacy in treatment and in care for his/her personal needs. Residents have the right to be suitably dressed at all times and given assistance when needed to maintain body hygiene and good grooming.</p> <p>Record review revealed the facility admitted Resident #1 on 11/20/13 with diagnoses to include Atrophy, Muscular Disuse, Squamous Cell Carcinoma (lip/skin/partial face), Hemiplegia Nondominant Side Left Extremity, Adult Failure to Thrive, and Contracture Joint Multiple Sites. Review of the Quarterly Minimum Data Set (MDS), dated 07/02/14, revealed Resident #1 was assessed to be moderately cognitively impaired with a Brief Interview Mental Status (BIMS) score of ten (10), and required extensive assistance of two (2) staff members with transfers.</p> <p>Review of the resident's care plan, titled "Resident's ability to perform independent Activities of Daily Living (ADLs) has deteriorated related to recent illness, and bilateral above the knee amputation (AKA)", dated 12/18/13, revealed, "Provide assistance with transfers and</p>	F 309	<p>F 309</p> <ol style="list-style-type: none"> 1. Resident #1 is transferred per Maxi-lift with 2 person assist. 2. Residents transferred per Hoyer have potential to be affected. RN DON identified and assessed other residents affected and added to their care plans. 3. Nursing staff educated on following the care plan and cena care card. This training included purpose of care plans, cena care cards and expectation of keeping care cards with them at all times. All facility staff were re-educated on the Abuse and Neglect policy. In addition, the nursing staff and CNA's were re-educated on the lifting special considerations for Resident #1, including arm sleeves to cover the arms, the resident is to be wrapped in a blanket when lifting, and special attention must be paid to the resident's arm braces when lifting. Training was conducted by the RN Nursing Department Educator on 8/18/2014 and 8/19/2014. 4. Continued compliance will be maintained by the DON and RN Unit Managers reviewing care plans and cena care cards Monday through Friday and AM Clinical Meeting.. Concerns will be reviewed by IDT Team at monthly QAPI Meeting for suggestions and recommendations. The RN DON is responsible for auditing compliance 3 times a week for 1 month, 2 times a week for 1 month, and 1 time per week for 1 month. Results all go to the IDT Team and QA Committee. 	F-309 9/8/2014	

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F 309	<p>Continued From page 5</p> <p>locomotion as needed. Do not rush the resident. Allow extra time to complete his/her ADLs. Encourage the resident to participate in activities to the fullest extent". Review of the care plan, titled "Impaired bed mobility related to bilateral above the knee amputations", dated 12/18/13, revealed "to utilize the Maxi-lift with assistance of two (2) staff for transfers".</p> <p>Review of the CNA Care plan revealed Resident #1 was care planned to be transferred with a Maxi-lift using two (2) staff assistance and to be wrapped in a blanket during the transfer.</p> <p>Further record review revealed Resident #1 had cancerous areas to his/her ears, right upper shoulder, upper lip, a skin tear to the right deltoid, and a skin tear to the left upper arm. Review of the resident's care plan, dated 07/27/14, revealed to wrap Resident #1 with a blanket before transferring him/her, utilizing the Maxi-lift.</p> <p>Interview with Resident #1, on 08/06/14 at 4:10 PM, revealed CNA #1 lifted him/her from the bed to the chair using her arms, and did not use the Maxi-lift or wrap him/her with a blanket to transfer him/her from the bed to a geri-chair.</p> <p>Observation, on 08/11/14 at 4:45 PM, revealed an open area, measuring 8.0 centimeter (cm) X 3.0 cm on Resident #1's left upper arm, as well as an oblong purplish, blue area to the resident's left upper underarm, measuring 7.0 cm X 3.2 cm.</p> <p>Interview with CNA #1, on 08/07/14 at 2:21 PM, revealed she usually transferred the resident using the Maxi-lift; however, another aide had taken the sling for the Maxi-lift to the laundry because it was dirty.</p>	F 309			

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F 309	Continued From page 6 Interview with Registered Nurse (RN) #1, on 08/12/14 at 7:11 AM, revealed the resident's skin tear occurred, according to the resident, when CNA #1 lifted him/her without using the Maxi-lift. Further interview revealed the resident was to be transferred using the Maxi-lift and a blanket. Interview with CNA #14, on 08/11/14 at 5:55 PM, revealed she has assisted with Resident #1's transfers using the Maxi-lift; however, at times, forgot to use a blanket during the transfer. Interview with the Director of Nursing (DON), on 08/07/14 at 5:14 PM, and on 08/11/14 at 6:10 PM, revealed Resident #1 received a skin tear, on 07/27/14, during an inappropriate transfer by CNA #1, from the bed to a chair. The DON revealed two (2) staff were to use the Maxi-lift to transfer Resident #1, and to use a blanket to protect his/her arms, in accordance with the resident's care plan. Interview with the Administrator, on 08/12/14 at 4:10 PM, revealed Resident #1 informed him about receiving a skin tear during a recent transfer from the bed to a chair by CNA #1. No further information was provided.	F 309			