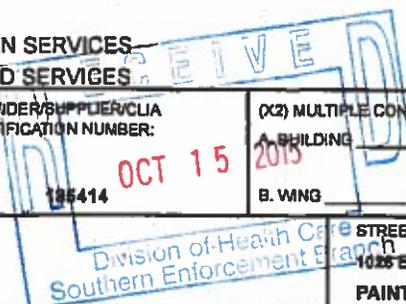


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/06/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 134414	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/22/2015
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN MANOR OF PAINTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1025 EUCLID AVENUE PAINTSVILLE, KY 41240
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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 000	INITIAL COMMENTS An abbreviated standard survey (KY23812) was conducted on 09/22/15. The complaint was substantiated with deficient practice identified at "D" level.	F 000	Mountain Manor of Paintsville does not believe and does not admit that any deficiencies existed, either, before, during or after the survey. Mountain Manor of Paintsville reserves all rights to contest the survey findings through informal dispute resolution, formal legal appeal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, nor is it meant to establish any standard of care, contract obligation or position, and Mountain Manor reserves the right to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance, or self-critical examination privileges which Mountain Manor of Paintsville does not waive, and reserves the right to assert in any administrative, civil, criminal claim, action or proceeding. Mountain Manor of Paintsville offers its responses, credible allegation of compliance, and plan of correction as part of its ongoing effort to provide quality care to its residents.	
F 163 SS=D	483.10(d)(1) RIGHT TO CHOOSE A PERSONAL PHYSICIAN The resident has the right to choose a personal attending physician. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy, it was determined the facility failed to ensure each resident had the right to choose his/her personal attending physician for two (2) of four (4) sampled residents (Resident #1 and Resident #2). Resident #1 and Resident #2 were not offered the opportunity to choose their personal attending physician upon admission to the facility. The findings include: Review of the facility policy titled, "Designation of a Personal Physician," revised 04/08, revealed the residents have the right to choose a personal Attending Physician. Review of the facility policy and procedure titled, "Physician Staff Privileges," not dated, revealed it was the policy of the facility that each resident choose a personal physician who had staff privileges to practice medicine in the facility. Review of a facility list of Staff Physicians	F 163	F 163 483.10(d)(1) RIGHT TO CHOOSE A PERSONAL PHYSICIAN. It is the policy of this facility for a resident to choose a personal attending physician. This is evidenced by the following: 1. The alleged deficient practice cannot be corrected for Resident #1 as this resident was discharged from Mountain Manor of Paintsville on 09-04-2015.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Emily Ann-Maley TITLE: Administrator (X5) DATE: 10/15/15

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185414	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/22/2015
NAME OF PROVIDER OR SUPPLIER MOUNTAIN MANOR OF PAINTSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1626 EUCLID AVENUE PAINTSVILLE, KY 41240		
(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 163	<p>Continued From page 1 revealed the facility had four staff physicians.</p> <p>Review of the Resident Rights revealed the residents have the right to choose a personal attending physician.</p> <p>1. Record review revealed the facility admitted Resident #1 on 07/29/15 with diagnoses which included Systolic Heart Failure, Disc Degeneration, Aortic Valve Disorder, and Diabetes Mellitus. Further review revealed Resident #1 was admitted to the services of the Medical Director, Physician #4.</p> <p>Review of an Admission Minimum Data Set (MDS) assessment dated 08/05/15 revealed the facility had assessed Resident #1's cognition as intact with a Brief Interview for Mental Status (BIMS) score of 15, indicating Resident #1 was interviewable.</p> <p>Interview with Resident #1 on 09/22/15 at 5:18 PM, revealed Physician #1 was his/her routine physician. Resident #1 stated he/she was told by the Admissions Coordinator that the Medical Director, Physician #4, was the physician who saw patients at the facility. Resident #1 stated he/she would have chosen Physician #1 if he/she had been given a choice.</p> <p>2. Record review revealed the facility admitted Resident #2 on 04/03/15 with diagnoses including Diabetes Mellitus, Congestive Heart Failure, and Senile Dementia. Further review revealed Resident #2 was admitted to the services of the Medical Director, Physician #4.</p> <p>Review of a Significant Change MDS assessment dated 08/26/15 revealed the facility had assessed</p>	F 163	<p>Resident #2 is not interviewable, but Kathy Meadows, LSW, Assistant Administrator spoke to the family of Resident #2 (Grandson/POA James Tackett) on 09-30-2015 to ensure Resident #2's physician of choice was being honored. Mr. Tackett told Kathy he was satisfied, and there were no complaints with his grandmother's physician at this time.</p> <p>Resident #2's care plan was reviewed and updated on 09-30-2015 by Kathy Meadows, LSW, Assistant Administrator to ensure the care plan addressed choices, preferences and rights and in particular the attending physician choice.</p> <p>The Admissions Coordinator is no longer employed with Mountain Manor of Paintsville effective 09-25-2015 (see attachment #1).</p> <p>All facility staff were inserviced regarding Resident Rights and Choices on 09-28-2015, 09-29-2015, and 09-30-2015 by Beverly Moore, RN, Staff Development Nurse and Misty Pennington, BSW, Social Services/Admissions (see attachment #2). A handout was also given to employees outlining Resident Rights and choices during the inservices (see attachment #2).</p> <p>2. All residents have the potential to be affected.</p> <p>A resident questionnaire was completed for all residents with BIMS score of 8-15 regarding preferences, choices and rights and in particular attending physician choice. This was completed on 09-29-2015, 09-30-2015, and 10-01-2015. These questionnaires were completed by Stephanie Brink, Feeding Assistant, Andrea</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 188414	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/22/2015
NAME OF PROVIDER OR SUPPLIER MOUNTAIN MANOR OF PAINTSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1026 EUCLID AVENUE PAINTSVILLE, KY 41240	
(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 163	<p>Continued From page 2</p> <p>Resident #2's cognition as severely impaired with a BIMS score of 7, indicating Resident #2 was not interviewable.</p> <p>Review of a Physician's Order dated 05/18/15 revealed an order clarification, may transfer services from the Medical Director, Physician #4, to Physician #1.</p> <p>Interview with Resident #2's family member on 09/22/15 at 4:25 PM revealed he/she was present during Resident #2's admission to the facility. Resident #2's family member stated they were told the Medical Director, Physician #4, was the physician who followed the residents at the facility. Resident #2's family member stated when he/she was made aware they could choose they switched back to Physician #1.</p> <p>Interview with Physician #1 on 09/22/15 at 2:20 PM revealed he had concerns with the facility automatically assigning patients over to the Medical Director upon admission to the facility. Physician #1 stated resident rights were not honored and residents were not getting to choose their personal attending physician. Physician #1 stated on several occasions he had visited the facility to make rounds on what he thought were his patients and found out his patients had been admitted to the services of the Medical Director, Physician #4.</p> <p>Interview with Physician #2 on 09/22/15 at 5:37 PM, revealed she had concerns with the facility assigning her patients to the Medical Director. Physician #2 stated resident rights were not honored and residents did not have the right to choose their personal attending physician.</p>	F 163	<p>Blair, Community Coordinator, and Angela Fugitt, Feeding Assistant.</p> <p>There were a total of 55 questionnaires completed. This questionnaire form was created by Kathy Meadows, LSW, Assistant Administrator on 09-28-2015 (see attachment #3).</p> <p>There were two residents who stated they did not know they could choose an attending physician upon admission or change an attending physician during their stay. Alyson Salyer, Social Service Assistant spoke with one resident on 10-01-2015 and the other resident on 10-02-2015. Alyson educated both residents regarding choices/preferences/rights and in particular physician choices. Neither resident wanted to change physicians at this time.</p> <p>All residents in the facility with a BIMS score 8-15 were educated and spoken to regarding choices/preferences/rights and in particular physician choices. This was completed on 10-06-2015, 10-07-2015 and 10-08-2015 by Alyson Salyer, Social Service Assistant, Tracy Setser, CNA/CMA/Activity Director, Misty Pennington, BSW, Social Services/Admissions, and Brittany Blankenship, University of KY MSW Student. There were a total of 63 residents educated.</p> <p>A questionnaire was mailed to all families, guardians and responsible parties of residents on 09-30-2015 regarding resident preferences/choices/rights and in particular attending physician choice. This was completed on 09-30-2015 by Andrea Blair, Community Coordinator. There were a total of 121 questionnaires mailed out. A self-stamped return envelope was included so families could</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186414	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/22/2015
NAME OF PROVIDER OR SUPPLIER MOUNTAIN MANOR OF PAINTSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1025 EUCLID AVENUE PAINTSVILLE, KY 41240		
(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 163	<p>Continued From page 3</p> <p>Interview with Physician #3 revealed no concerns.</p> <p>Interview with the Medical Director, Physician #4, on 09/22/15 at 5:28 PM, revealed the choice of the personal attending physician was a resident right. The Medical Director stated he was not aware the residents were not afforded the opportunity to choose their personal attending physician.</p> <p>Interview with the Admissions Director, Registered Nurse (RN) #2, on 09/22/15 at 1:55 PM, 4:35 PM, and 7:15 PM, revealed she was responsible for completing the initial admission for all new residents. The Admissions Director, RN #2, stated during the admission she offered all residents a choice between the four Staff Physicians. The Admissions Director stated she was aware residents had the right to choose their personal attending physician and stated she was not sure what happened.</p> <p>Interview with the Administrator on 09/22/15 at 7:35 PM revealed she was not aware of the concerns that resident rights were not honored and residents were not given the opportunity to choose their personal attending physician. The Administrator stated she supervised the Admissions Director but did not have a system in place to ensure resident rights were honored during the admission process.</p>	F 163	<p>return the questionnaire easily (see attachment #4). The questionnaire form was created by Kathy Meadows, LSW, Assistant Administrator on 09-28-2015.</p> <p>A letter explaining why families/guardians/responsible parties were receiving the questionnaire was included in the mailing, and a handout was also included in the mailing outlining Resident Rights and choices and preferences (see attachment #4).</p> <p>As of 10-12-2015, there were a total of 32 questionnaires returned. There were 3 families/guardians/responsible parties out of the 32 returned who stated they did not know they could choose an attending physician upon admission or change an attending physician during a resident's stay at the facility. Kathy Meadows, LSW, Assistant Administrator spoke with two (2) families/guardians/responsible parties on 10-07-2015 and one on 10-08-2015. Kathy educated all three (3) families/guardians/responsible parties regarding choices/preferences/rights and in particular physician choices. No one wanted to change physicians at this time.</p> <p>The care plan of the three (3) identified residents were reviewed and updated on 09-30-2015 by Kathy Meadows, LSW, Assistant Administrator to ensure the care plan addressed choices, preferences and rights and in particular the attending physician choice.</p> <p>The Admissions Coordinator is no longer employed with Mountain Manor of Paintsville effective 09-25-2015 (see attachment #1).</p> <p>All facility staff were inserviced regarding Resident Rights and Choices on 09-28-2015,</p>		

09-29-2015, and 09-30-2015 by Beverly Moore, RN, Staff Development Nurse and Misty Pennington, BSW, Social Services/Admissions (see attachment #2). A handout was also given to employees outlining Resident Rights and choices during the inservices (see attachment #2).

3. The "Physician Service" policy was reviewed on 09-23-2015 by Emily Jones-Gray, Administrator, Kathy Meadows, Assistant Administrator and Mary Arms, DON. No changes were made (see attachment #5).

The "Physician Staff Privileges" policy was reviewed on 09-30-2015 by Emily Jones-Gray, Administrator, Kathy Meadows, Assistant Administrator and Mary Arms, DON. No changes were made (see attachment #6).

The "Designation of a Personal Physician" policy was reviewed on 09-23-2015 by Emily Jones-Gray, Administrator, Kathy Meadows, Assistant Administrator and Mary Arms, DON. No changes were made (see attachment #7).

The "Resident Rights" policy was reviewed on 09-23-2015 by Emily Jones-Gray, Administrator, Kathy Meadows, Assistant Administrator and Mary Arms, DON. No changes were made (see attachment #8).

The Admissions Coordinator is no longer employed with Mountain Manor of Paintsville effective 09-25-2015 (see attachment #1).

All facility staff were inserviced regarding Resident Rights and Choices on 09-28-2015, 09-29-2015, and 09-30-2015 by Beverly Moore, RN, Staff Development Nurse and Misty Pennington, BSW, Social

Services/Admissions (see attachment #2). A handout was also given to employees outlining Resident Rights and choices during the inservices (see attachment #2).

A new "Physician Service" form was added to the resident Admission Packet on 10-05-2015. The form was created by Kathy Meadows, LSW, Assistant Administrator. This form explains to residents/families/responsible parties upon admission they have a right to choose an attending physician and who Mountain Manor's physicians are. The resident/responsible party signs an acknowledgement of their choice upon admission. This choice of attending physician will be verified a second time the day of admission by Social Service Assistant Alyson Salyer or a designee during the psycho-social interview. The choice will then again be verified a third time the day after admission by Mary Arms, Director of Nursing or a designee. Any discrepancies will be addressed immediately by Kathy Meadows, LSW, Assistant Administrator or Emily Jones-Gray, CSW, Administrator (see attachment #11).

The new "Physician Service" form is also faxed to the physician of choice on the day of admission for the physician to sign beside his or her name to verify he or she is willing to accept the new resident a patient. This is done by Misty Pennington, BSW, Admissions or a designee.

4. A Quality Assurance and Performance Improvement Subcommittee (PIP) was formed regarding resident rights/preferences/choices and making sure resident rights are being honored and that they are being given the opportunity to choose their personal attending

physician upon admission and throughout their stay at the facility. The first meeting was held on 10-05-2015. The committee members consist of: Brenda Humphrey, RN, Quality Assurance Nurse; Kathy Meadows, LSW, Assistant Administrator; Tamara Cassell, LPN; Billie Horne, Business Office; Neva Miller, CNA; Amanda Fugitt-Wright, Kitchen Manager; Madge Arnett, CNA/CMA/Director of Environmental Services; Misty Pennington, BSW, Social Services/Admissions; Alyson Salyer, Social Service Assistant; Tracy Setser, CNA/CMA/Activity Director; Debra Keeton, Medical Records; and Angela Fugitt, Feeding Assistant (see attachment #9).

This committee will be meeting monthly for at least the next six (6) months, and then at least quarterly for another six (6) months. The committee will be re-evaluated at that time.

As part of this committee's plan, upon admission the Activity Director Tracy Setser, or Social Services Assistant Alyson Salyer or a designee will interview any new resident with a BIMS score of 8-15 using the form created by Kathy Meadows, LSW, Assistant Administrator (see attachment #3) within the first 5-7 days after admission. Once completed the form will be turned into Kathy Meadows, LSW, Assistant Administrator or Brenda Humphrey, RN, Quality Assurance Nurse to ensure resident rights are being honored and that they are being given the opportunity to choose their personal attending physician upon admission and throughout their stay at the facility.

Also as part of the committee's plan, the committee members or a designee will be interviewing 4-12 residents with at BIMS score

of 8-15 per week, for a total of 63 interviews in a six (6) week period. The interviews will be completed on a rotating schedule per hallway (see attachment #10).

Committee members will document his or her findings on the form created by Kathy Meadows, LSW, Assistant Administrator (see attachment #3). The forms will be turned in to Brenda Humphrey, RN, Quality Assurance Nurse or Kathy Meadows, LSW, Assistant Administrator as they are completed to ensure resident rights are being honored and that they are being given the opportunity to choose their personal attending physician upon admission and throughout their stay at the facility. This will continue for at least 6 months and then will be re-evaluated at that time.

Any concerns or issues a resident may have after completion of the form will be addressed by the appropriate department supervisor (i.e. dietary, laundry, nursing, etc.) and will be reported back to Brenda Humphrey, QA Nurse or Kathy Meadows, Assistant Administrator. The results of the interviews will be reported to the QAPI committee at least quarterly by the Quality Assurance Nurse, Brenda Humphrey. Continued education and/or disciplinary action will be given when needed to all staff members.

A new "Physician Service" form was added to the resident Admission Packet on 10-05-2015. The form was created by Kathy Meadows, LSW, Assistant Administrator. This form explains to residents/families/responsible parties upon admission they have a right to choose an attending physician and who Mountain Manor's physicians are. The resident/responsible party signs an acknowledgement of their choice upon

admission. This choice of attending physician will be verified the day of admission by Social Service Assistant Alyson Salyer or a designee during the psycho-social interview. The choice will then again be verified a third time the day after admission by Mary Arms, Director of Nursing or a designee. Any discrepancies will be addressed immediately by Kathy Meadows, LSW, Assistant Administrator or Emily Jones-Gray, CSW, Administrator (see attachment #11), and the results will be reported to the QAPI committee at least quarterly by the Quality Assurance Nurse, Brenda Humphrey.

Dr. Charles Hardin, Medical Director, was contacted via phone on 09-22-2015 at 9:30 PM by Emily Jones-Gray, CSW, Administrator regarding the alleged deficient practice and the compliance process. Dr. Hardin contacted this Administrator again on 09-23-2015 at 9:20 AM regarding the alleged deficient practice and the compliance process. Emily Jones-Gray, CSW, Administrator, Mary Arms, RN, Director of Nursing and Brenda Humphrey, RN, Quality Assurance Nurse met with Dr. Hardin on 09-30-2015 at 8:30 AM regarding the alleged deficient practice and the compliance process.

Dr. Charles Hardin, Medical Director, will provide oversight during the compliance process. The results of all audits will be reported to the Medical Director at least quarterly through QAPI.

All staff will be in-serviced on Resident Rights/choices/preferences by the Staff Development Nurse Beverly Moore or designee during new employment orientation and at least annually. This will be documented and placed in the employee's education file (See attachment #12).

5. Date of completion: 10-12-2015