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

PRINTED: 07/03/2012
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
	185301		C 06/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGIS WOODS CARE AND REHABILITATION CENTER	4604 LOWE RD LOUISVILLE, KY 40220

(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 survey was initiated on 06/27/12 and concluded on 06/28/12 investigating KY18627. The Division of Health Care unsubstantiated the allegation of abuse; however, unrelated deficiencies were cited.	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, **Regis Woods Care & Rehabilitation Center** does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
F 246 SS=E	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure accessibility of the resident call light system (system used to contact nursing staff) for nine (9) of sixteen (16) unsampled residents in their bedrooms on three (3) of three (3) nursing units. Observation of the facility, on 06/26/12 at 2:00 PM, revealed there were three (3) units: NF1, NF2, and Solona (dementia locked unit). Observation of sixteen (16) unsampled residents' rooms, on 06/28/12 from 2:00 PM to 3:00 PM, on three (3) of three (3) nursing units revealed nine (9) rooms in which a resident did not have access to the call light system, the call lights were placed out of the reach of these residents . The rooms observed were: 133 bed A., 134 bed A, 136 bed A, 233 bed A, 237 bed B, 240 bed A, 409	F 246	**F TAG 246:** 1. Call lights for residents residing in rooms 133A, 134A, 136A, 233A, 237B, 240A, 409B, 410A and 422B were put within reach of residents by the licensed nurse and/or certified nursing assistant immediately on June 28, 2012. 2. The Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Social workers, Maintenance Director, Housekeeping supervisor and Medical records Director completed an audit of each resident room to determine call lights were accessible and within reach of center residents on June 28, 2012. Any identified issues with call light placement were addressed immediately at that time. 3. The Director of Nursing, Assistant Director of Nursing and/or Staff Development Coordinator will re-educate nursing, housekeeping, and therapy staff regarding call light placement being within reach of residents by 7-20-12. 4. The Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Social workers, Maintenance Director, Housekeeping supervisor and Medical records Director will complete center rounds to validate appropriate call light placement within the resident's reach daily for two weeks then weekly for 3 weeks and monthly thereafter. Results of these rounds will be provided to the Performance Improvement Committee monthly for their review and recommendation. 5. Compliance date 7-20-12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — (X6) DATE

X Joshua G. Schneider — X Administrator — X 7-12-12

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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F 246	Continued From page 1 bed B, 410 bed A, and 422 bed B. Interview with CNA #1, on 06/28/12 at 3:10 PM, revealed her training at the facility and her knowledge of standard nursing practice was to have the residents' call lights within their reach when in their bedrooms at all times. Interview with CNA #2, on 06/28/12 at 3:20 PM, revealed he had been trained by the facility to have the residents' call lights within their reach when they were in their bedrooms. I Interview with CNA #3, on 06/28/12 at 3:30 PM, revealed she had been trained to have the call light within the resident's reach at all times when the resident was in her/his room. Interview with the Director of Nursing, on 06/28/12 at 4:00 PM, revealed it was a nursing standard of practice taught by the facility for the residents to have their call lights accessible at all times when they were in their bedrooms. She stated it was unacceptable practice to have nine (9) of sixteen (16) residents with an inaccessible call light when in their bedrooms.	F 246		

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