

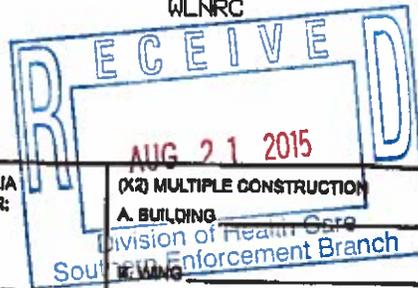
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/12/2015  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186274	(X2) MULTIPLE CONSTRUCTION A. BUILDING Division of Health Care Enforcement Branch Southern Region	(X3) DATE SURVEY COMPLETED  C 07/30/2015
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NAME OF PROVIDER OR SUPPLIER

WEST LIBERTY NURSING &amp; REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

774 LIBERTY ROAD  
WEST LIBERTY, KY 41472

(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 (KY23584, KY23605) was conducted on 07/30/15. Complaint #KY23605 was unsubstantiated with no related deficiencies. KY23584 was substantiated with deficient practice identified at "D" level.	F 000	To the best of my knowledge and belief, as agent of West Liberty Nursing and Rehabilitation Center, the following plan of substantial compliance with Federal Medicare and Medicaid requirements. Preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth in the alleged deficiencies.	
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)  A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).  The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.  The facility must record and periodically update	F 157	It is the practice of West Liberty Nursing and Rehabilitation Center to immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in 483.12.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 patient. (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  WEST LIBERTY NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 774 LIBERTY ROAD WEST LIBERTY, KY 41472		
(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 157	<p>Continued From page 1</p> <p>the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility's policy, it was determined the facility failed to ensure staff informed the "Responsible Party" of a change in condition for one (1) of four (4) sampled residents (Resident #2). On 07/21/15, Resident #2 was lying in bed when another resident wandered into the room and fell on top of Resident #2. However, there was no evidence that Resident #2's Responsible Party was notified of the incident.</p> <p>The findings include:</p> <p>Review of the facility's policy entitled "Change in Condition," (dated 12/01/10) revealed the resident's designated medical contact or guardian would be notified if a change in a resident's mental or physical condition occurred.</p> <p>Review of the medical record revealed the facility admitted Resident #2 on 04/24/09 with diagnoses including Hypertension, Depressive Disorder, Anxiety State, Arthropathy, and Lack of Coordination.</p> <p>Review of the "Nurse Note" dated 07/21/15 revealed at approximately 8:30 PM staff was called to Resident #2's room to evaluate for complaints of leg pain because another resident "fell across" Resident #2. Further review of the nurse's note revealed the responsible party was not notified of the incident.</p>	F 157	<p>The Administrator Designee spoke with Resident #2's Co-POA via phone on 7/23/2015 regarding the incident that occurred on 7/21/2015. There were no physical or mental changes to the resident status and no medical intervention was required.</p> <p>The Director of Nursing Services, Medical Record's Coordinator, the MDSC and two RN Supervisor's will review the nurse notes for each resident for the last 30 days to ensure that any incident requiring notification has been communicated to the resident's responsible party. Additionally, the same group listed above will review the incident log for the last 30 days to ensure that any incidents have been communicated to the responsible party. Any omissions identified will be communicated to the responsible party by a member of the group listed above or the charge nurse. The review and follow up notification will occur no later than September 9, 2015.</p> <p>All licensed staff received additional education by the DNS no later than 8/12/15 regarding the requirements for Notification of Change.</p> <p>The DNS or RN Supervisor will review five charts per day (Monday-Friday) for four weeks and then five charts per month thereafter to ensure that any incidents requiring notification of responsible party has occurred. Any opportunity identified will be corrected and education will occur as needed.</p> <p>The results of these reviews will be forwarded to the weekly Focus Committee (a sub-committee of the Quality Assurance and Process Improvement Committee) and the monthly QAPI meeting for further monitoring and continued compliance.</p>	9/11/15	

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F 157	Continued From page 2  Review of the annual Minimum Data Set (MDS) assessment dated 06/02/15 revealed the facility assessed Resident #2 to be non-interviewable.  Interview conducted with the Unit Manager on 07/30/15 at 4:26 PM revealed she was working when the incident happened and since she had just started working at the facility on 06/22/15, she did not realize Resident #2's responsible party should have been notified of the incident.  Interview with the Administrator on 07/30/15 at 4:40 PM revealed the resident's families should always be notified when a change of condition occurs. She further revealed she had not identified any problems with families not being notified of a change in resident condition.	F 157			