

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

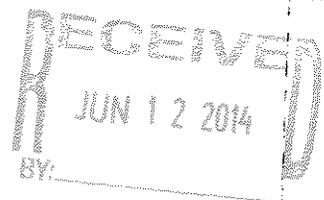
PRINTED: 06/02/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185141	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/16/2014
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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF GEORGETOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 102 POCAHONTAS TRAIL GEORGETOWN, KY 40324
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F 000	INITIAL COMMENTS  An Abbreviated Survey investigating KY00021648, KY00021656, and KY00021704 was initiated on 05/09/14 and concluded on 05/16/14. KY00021656 was unsubstantiated with no deficiencies cited. KY00021648 and KY00021704 were substantiated with deficiencies cited. Deficiencies were cited with the highest Scope and Severity of an "E".	F 000		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY  The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.  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 promote care for residents in a manner and an environment that maintained or enhanced each resident's dignity, for three (3) of nine (9) sampled residents (Residents #3, #5, and #9). Residents #3 and #5 experienced incontinent episodes while waiting for staff to respond to their call lights. Additionally Resident #9 was found by family lying in bed with his/her perineal area exposed.  The findings include:  Review of the facility's policy titled, "Residents' Rights", undated, revealed each resident shall be treated with consideration, respect, and full recognition of his dignity and individuality.	F 241	418.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY  The facility will promote care for residents in a manner and an environment that maintains or enhances each resident's dignity.  Resident #3 and #5 were immediately provided incontinent care by assigned Certified Nursing Assistant (CNA) on 05/13/14 and resident #9s' perineal area was covered.  The CNA and Nursing staff was in-serviced by the Staff Development Coord. (SDC), Director of Nursing	



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 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 241 Continued From page 1  
including privacy in treatment and in care for his personal needs.

Review of the facility's "Call Light System" policy, dated 12/2010, revealed that staff was to answer call lights as quickly as possible.

1. Record Review revealed the facility admitted Resident #3, on 06/08/12, with diagnoses which included Multiple Sclerosis, Muscle Weakness, Lack of Coordination, and General Osteoarthritis.

Review of Resident #3's Quarterly Minimum Data Set (MDS) Assessment, dated 04/13/14 revealed the Brief Interview for Mental Status (BIMS) score was fifteen (15), which indicated no cognitive impairment. Further review of the MDS revealed the facility assessed Resident #3 as always being continent of bowel and to require extensive assist of one (1) staff person for transfers and toileting.

Review of Resident #3's Comprehensive Care Plan, dated 06/08/12 revealed the resident was to have the call light in reach and staff were to respond promptly.

Interview with Resident #3, on 05/13/14 at 2:25 PM, revealed there had been "a few times" that he/she rang the call bell and staff took too long. Resident #3 stated he/she was unable to wait and could not hold it, and therefore "had an accident on myself" (bowel movement). Resident #3 further stated, "it made me feel utterly embarrassed and humiliated, and I felt like I wanted to hide under a rock and it made me angry".

Interview with Certified Nursing Assistant (CNA)

F 241  
(DON) or designee beginning on 6/06/2014 regarding dignity, resident's rights, tray/meal service delivery, and answering the call light timely.

All residents have the potential to be impacted by the alleged deficient practice. Beginning on 6/6/14 100% of residents with BIMS score of 8 or higher will be interviewed by Administrator (Admin), Director of Nursing (DON), Unit Manager (UM), Staff Development Coordinator (SDC), Business Office Manager (BOM), Medical Records (MR), Admissions Marketing Director (AMD), Chaplain, Social Services Director (SSD)/Quality of Life Director (QoLD), Minimum Data Set

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F 241	<p>Continued From page 2</p> <p>#10, on 05/15/14 at 2:52 PM, revealed call lights were not getting answered in a timely manner. She stated by the time she got one (1) answered there were two (2) more to answer and the nurses did not help. She stated there was not enough staff on the floor to get the call lights answered timely. She further stated there were times when the residents had been incontinent because she could not answer the call light in a timely manner.</p> <p>Interview with CNA #9, on 05/14/14 at 4:55 PM, revealed with the amount of staff, it was impossible to answer the call lights timely. She stated there are residents that have incontinent episodes because staff can not get to them in time. She further stated if she was feeding a resident and a call light went off, she said the light just didn't get answered until she was finished feeding.</p> <p>2. Record review revealed the facility admitted Resident #5 on 10/13/11, with diagnoses which included Hypertension, Stroke, Muscle Weakness, Depressive Disorder, and Hyperlipidemia.</p> <p>Review of Resident #5's Annual (MDS) Assessment, dated 04/17/14, revealed a BIMS score of thirteen (13), which indicated no cognitive impairment. Further review of the MDS revealed the facility assessed Resident #5 to be frequently incontinent for both bowel and bladder.</p> <p>Interview with Resident #5, on 5/15/14 at 2:12 PM, revealed he/she has had "accidents" before and used the bathroom on him/herself due to waiting too long for assistance from staff. Continued interview revealed the Resident stated</p>	F 241	<p>Coordinator (MDS), &amp;/or Weekend Nurse Supervisor (WNS). Family members will be interviewed by SSD/QoLD of residents with BIMS score less than 8 on "Resident Care &amp; Services".</p> <p>10% of residents will be monitored by the Admin, DON, UM, WNS, CDM, BOM, MR, AMD, Chaplain, SSD/QoLD, SDC &amp;/or MDS beginning on 6/06/2014 during random room rounds, daily for one week, and then weekly for four weeks, then monthly for 3 months to ensure call lights were being answered in a timely manner, resident dignity is maintained and residents are covered or clothes are positioned properly to prevent exposure.</p>	

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F 241	<p>Continued From page 3</p> <p>staff said the resident didn't ring their call light soon enough. The resident responded by stating "what's it matter, you wouldn't get here in time anyway". Additional interview revealed Resident #5 stated having incontinent episodes made him/her feel bad and embarrassed.</p> <p>Interview with CNA #2, on 05/14/14 at 2:00 PM, revealed call lights were not answered timely because if a call light went off and she was with another resident, there was no one else to answer the light.</p> <p>Interview with CNA #5, on 05/14/14 at 11:15 AM, revealed residents were sometimes incontinent after they had put on their call light because there just was not enough staff on the floor to meet everyone's care needs. She stated if she was assisting another resident, sometimes residents were incontinent waiting on her to answer the call light.</p> <p>3. Record review revealed the facility admitted Resident #9 on 08/01/11, with diagnoses which included Coronary Artery Disease, Hypertension, Urinary Tract Infection, Diabetes Mellitus, Non-Alzheimer's Dementia, Anxiety and Depression.</p> <p>Review of Resident #9's Annual (MDS) Assessment, dated 04/22/14, revealed a BIMS score of four (4) which indicated a severe cognitive impairment. Further review of the MDS revealed Resident #6 required extensive assist with bed mobility requiring assistance of two staff.</p> <p>Interview with Resident #9's daughter, on 05/15/14 mat 2:21 PM, revealed Resident #9 was lying in bed uncovered with his/her perineal area</p>	F 241	<p>The DON/Administrator will review all audits to ensure compliance. Any negative outcomes will be addressed immediately and corrective action taken by DON/Administrator. The Administrator will report findings to QA team monthly for review and recommendations.</p> <p>Date of Completion: June 8, 2014</p>	
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F 241 | Continued From page 4  
 | uncovered and genitals exposed when the  
 | resident's wife and daughter entered his/her  
 | room. Resident #9's daughter presented a  
 | photograph of exposure of Resident #9's genital  
 | area. Further interview revealed on May 14, 2014  
 | at 3:00 PM, Resident #9 had not received his  
 | lunch tray. Resident #9's daughter located the  
 | tray in the hall with a note attached that resident  
 | had "refused" lunch. Daughter revealed tray had  
 | not been delivered as she had been in the  
 | resident's room from 11:30 AM until the time of  
 | finding the tray in the hall. Daughter revealed she  
 | approached a Certified Nursing Assistant (CNA)  
 | as to why the tray had not been delivered, but the  
 | CNA was unable to give a reason as she was the  
 | evening CNA and stated the day CNA had already  
 | left the facility.

F 241

Interview with the Director of Nursing (DON), on  
 05/14/14 at 6:35 PM, revealed it was not dignified  
 if residents were incontinent while waiting on staff  
 to answer their call lights. She stated she would  
 "love" to have more "help" (staff) in order to get  
 the lights answered more timely.

F 312 | 483.25(a)(3) ADL CARE PROVIDED FOR  
 SS=E | DEPENDENT RESIDENTS

F 312

A resident who is unable to carry out activities of  
 daily living receives the necessary services to  
 maintain good nutrition, grooming, and personal  
 and oral hygiene.

This REQUIREMENT is not met as evidenced  
 by:  
 Based on observation, interview, record review,  
 review of the facility's policy and review of the

483.25 (a) (3) ADL CARE  
 PROVIDED FOR  
 DEPENDENT RESIDENTS

The facility will ensure that  
 the residents receive the  
 necessary services to assist  
 with the maintaining good  
 personal hygiene.

Resident #1, #3, #4, #5,  
 and #9 were offered and

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F 312 Continued From page 5

facility's bathing report, it was determined the facility failed to ensure residents received the necessary services to assist with maintaining good personal hygiene for five (5) of nine (9) sampled residents. (Residents #1, #3, #4, #5 and #9). Record review and interview revealed the facility failed to ensure Resident #1, #3, #4, #5 and #9 received showers as scheduled.

The findings include:

Review of the facility policy, titled "Residents Rights" undated, revealed, residents have the right to be given assistance when needed in maintaining body hygiene and good grooming.

Review of the facility's policy titled, "Bath Policies", dated December 2010, revealed staff was to provide residents' baths as indicated by the resident's preference or bath schedule if the resident was unable to communicate preference.

Interview with the Unit Manager, on 05/14/14 at 3:50 PM, revealed residents were scheduled to receive two (2) to three (3) showers a week depending on their room number and their schedule.

1. Review of the clinical record revealed the facility admitted Resident #1 on 01/17/14, with diagnoses which included Spinal Stenosis, Diabetes, Hypertension, Hypothyroidism, and Dementia. Review of the Quarterly Minimum Data Set (MDS) dated 04/28/14 revealed the facility assessed Resident #1 to have a Brief Interview for Mental Status (BIMS) score of nine (9) out of fifteen (15), which indicated the resident was moderately impaired in cognition. Further review of the MDS revealed the facility assessed

F 312 given showers by assigned CNA staff on 5/14/2014 per their requests.

All residents have the potential to be impacted by the alleged deficient practice. 100% of residents with BMIs of 8 or higher will be interviewed by facility staff (Admin, DON, SDC, UM, MDS, MR, Chaplain, BOM, SSD/QoLD, WNS beginning 6/06/2014 to determine their preferences for shower times. Family members will be interviewed by the Chaplain or SSD beginning on 6/06/2014 on all residents with BMIs of less than 8 to determine their shower preferences. The DON/Nurse Management (DON, SDC, Weekend Nurse Supervisor, and Charge Nurse) will ensure

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F 312	<p>Continued From page 6</p> <p>Resident #1 to require supervision of one (1) person physical assist with dressing, personal hygiene and toileting.</p> <p>Review of the facility's Bathing Report dated 02/13/14 through 05/12/14 revealed, no documented evidence the resident received two (2) to three (3) showers a week, as the the unit manager had indicated were to have been scheduled.</p> <p>Interview with Certified Nursing Assistant (CNA) #9, on 05/14/14 at 4:44 PM, revealed due to short staff and too much to get done, it had been at least a month ago since she was able to give a shower. She stated there was too much to do and not enough staff.</p> <p>2. Review of Resident #4 clinical record revealed the facility admitted the resident on 06/20/12, with diagnoses which included Hyponatremia, Hypokalemia, Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, Neurogenic Bladder. Review of the Annual MDS dated, 02/28/14 revealed no BIMS score; however, review of the list of interviewable residents, provided by the MDS coordinator on 05/13/14 revealed, Resident #4 to be interviewable with a BIMS score of a twelve (12). Further review of the MDS revealed, Resident #4 required extensive assistance of two (2) staff with personal hygiene, bathing and toileting.</p> <p>Review of the facility Bathing Report dated 04/23/14 through 05/14/14 revealed no documented evidence the resident received two (2) to three (3) showers a week as the Unit Manager had indicated were to have been scheduled.</p>	F 312	<p>a shower schedule is provided by direct care staff and that showers are given based on the schedule.</p> <p>The Direct Care Staff (Charge Nurses, CNAs' &amp; SRNAs') was in-serviced by DON, SDC, UM &amp;/or WNS beginning on 6/06/2014 regarding ADL care as it relates to providing showers to residents and bed linen being changed and being free from urine and BM. The Charge Nurse will audit the shower schedule and documentation per shift to ensure showers are provided per the shower schedule and/or resident request. The Administrator and HR will begin recruiting on 6/06/2014 for CNAs' to be full-time shower aides. The Admin,</p>	
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F 312	Continued From page 7  Interview with CNA #2 on 05/14/14 at 2:00 PM revealed, "Showers are not given as scheduled. Some of the showers require the assist of two (2) staff and there is no extra staff available."  Interview with CNA #7 on 05/14/14 at 2:20 PM revealed, there is not enough help to get the work and tasks done. He revealed he had been assigned seventeen residents (17) and nine (9) were mechanical lifts, which require two (2) people to assist. The residents were not showered and tasks were not completed due to lack of staff.  Interview with CNA #10 on 05/15/14 at 2:52 PM revealed, she could not get tasks done during her shift, because there was too much to do, too many residents to care for and not enough staff. CNA#10 revealed, residents did not get their scheduled showers.  3. Record review revealed the facility admitted Resident #3 on 06/08/12, with diagnoses which included Multiple Sclerosis, Muscle Weakness, Lack of Coordination, and General Osteoarthritis. Review of Resident #3's Quarterly Minimum Data Set (MDS) Assessment, dated 04/13/14, revealed a BIMS score of fifteen (15), which indicated no cognitive impairment. Continued review of Section G of the MDS, related to functional status, revealed Resident #3 required the assistance of two (2) persons for bathing.  Review of Resident #3's Bathing Report, and the Certified Nursing Assistant (CNA) Skin Care Alert Sheets for the dates of 03/12/14 through 05/13/14, revealed multiple times the resident did	F 312	DON, SDC, WSN, MR, BOM, Chaplain, HR &/or AMD will audit random 10% of the residents' beds beginning 6/6/14 daily x 1 wk, then 3 x wkly x 4 wks, then wkly x 3 months to ensure the bed linen is free of urine and BM.  The DON, UM, &/or WNS beginning 6/8/14 will do random 10% resident audit of the shower sheets daily for 6 days, then wkly for 4 weeks, then monthly for 3 months to ensure showers are being provided per the shower schedule. The Admin, DON, SDC, WSN, MR, BOM, Chaplain, HR &/or AMD will do random 10% audit of resident room's bed linen weekly for 4 weeks, then monthly for 3 months. Any negative	
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not receive two (2) to three (3) showers a week as the Unit Manager indicated were to have been scheduled. Continued review of Resident #3's Bathing Report and the CNA Skin Care Alert bath sheets revealed one (1) documented shower for the week of 3/19/14 through 3/26/14, and one (1) documented shower for the time period of 3/26/14 through 4/8/14. Further review of the resident's Bathing Report revealed three (3) "half" baths were documented during this time.

Interview with Resident #3 on 5/13/14 at 2:25 PM revealed the resident was scheduled to receive baths on Wednesdays and Fridays. Further interview revealed the resident stated that he/she probably received their shower half the time on Fridays and then usually had to wait until the following Wednesday to get another shower. Additional interview revealed staff would state they were going to give the resident a shower but then they just never showed up.

Interview with CNA #1, on 05/13/14 at 4:45 PM, revealed there was not enough time and enough staff to shower all the residents per the two (2) to three (3) showers per week schedule. He stated there was only one (1) shower room and if it was in use we have to put the shower off until the next scheduled day.

4. Record review revealed the facility admitted Resident #5 on 10/13/11, with diagnoses which included Hypertension, Stroke, Muscle Weakness, Depressive Disorder, and Hyperlipidemia. Review of Resident #5's Annual MDS Assessment, dated 04/17/14, revealed the BIMS score was thirteen (13), which indicated no cognitive impairment. Continued review of Section G of the MDS, related to functional

F 312 findings will be reported to the DON/Administrator and corrected immediately.

The Administrator will report all findings to the QA team for review and recommendations to ensure compliance.

Date of Completion:  
6/8/14

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F 312	<p>Continued From page 9</p> <p>status, revealed Resident #5 was totally dependent upon staff for bathing.</p> <p>Review of Resident #5's Bathing Report, and the Certified Nursing Assistant (CNA) Skin Care Alert Sheets for the dates of 03/13/14 through 05/08/14, revealed there were multiple times when the resident did not receive two (2) to three (3) showers a week as the Unit Manager indicated were to have been scheduled. Continued review revealed the following: one documented shower for the dates of 3/09/14 through 3/15/14; one (1) documented shower for the dates of 3/16/14 through 3/22/14; one (1) documented shower for the dates of 3/30/14 through 4/5/14; one (1) documented shower for the dates of 4/20/14 through 4/26/14; one (1) documented shower for the dates of 4/27/14 through 5/3/14; and one (1) documented shower for the dates of 5/4/14 through 5/10/14. Further review of the resident 's Bathing Report revealed numerous " half " baths during this period of time.</p> <p>Interview with Resident #5, on 5/15/14 at 2:12 PM, revealed he/she used to get his/her showers all of the time when they had one aide designated as the shower aide, but then they put her on the floor because they needed help. Resident #5 further stated since the aide was removed as the shower aide, his/her showers were sometimes given and sometimes not.</p> <p>5. Review of Resident #9's clinical record revealed the facility admitted the resident on 08/01/11, with diagnoses which included Coronary Artery Disease, Hypertension, Urinary Tract Infection, Diabetes Mellitus, Non-Alzheimer's Dementia, Anxiety and Depression. Review of Resident #9's Annual</p>	F 312		

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F 312	<p>Continued From page 10</p> <p>MDS, dated 04/22/14, revealed the resident's BIMS score was 4, which indicated severe cognitive impairment. Further review of the MDS addressing functional status revealed Resident #9 required extensive assistance of two (2) persons for bathing.</p> <p>Review of Resident #9's Bathing Report and the CNA's Skin Care Alert Sheets for the dates of 03/03/14 through 05/14/14, revealed Resident #9 did not receive a shower two (2) times weekly as indicated by the shower schedule. Continued review of the Bathing Report revealed between 03/10/14 and 05/14/14, Resident #9 received eight (8) baths within a period of eighty-six days. The CNA's Skin Care Alert Sheets for the same time period revealed Resident #9 received only six (6) baths. Further review of the Resident #9's Bathing Report revealed ten (10) half baths during the same time period.</p> <p>Interview with Resident #9's daughter revealed the resident had been wearing the same gown for five (5) consecutive days beginning on 05/08/14 and was not changed until 05/13/14. The resident's daughter also revealed the resident's linen on his/her bed at that time was soiled with urine and feces. She stated she knew Resident #9 had not been getting two (2) showers per week as scheduled.</p> <p>Interview with Director of Nursing (DON) on 05/16/14 at 12:09 PM revealed, staffing is not sufficient to meet the residents' needs. She stated the CNA's may not always have time to follow the shower schedule but if someone brought it to her attention, she would take care of it.</p>	F 312		
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F 312	Continued From page 11 Interview with the Administrator, on 05/16/14 at 1:30 PM, revealed they identified overworked staff over a month ago and they were trying to correct the problem. She further revealed she was aware the aides did not want to do showers themselves, for their assigned residents, because the facility used to utilize a shower aide to do showers and they changed the process for the assigned aides to give the showers for their assigned residents. She further stated she felt like staff was sufficient but they needed to work smarter, not harder.	F 312		
F 353 SS=E	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS  The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.  The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:  Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.  Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.	F 353	483.30 (a) SUFFICIENT 24-HOUR NURSING STAFF PER CARE PLANS  The facility will ensure sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.  Resident #1, #3, #4, #5, #9 were offered and given showers by their assigned CNA per their requests. Residents #5 and #3 were	

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F 353	<p>Continued From page 12</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy, it was determined the facility failed to ensure sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident for five (5) of nine (9) sampled residents (Residents #5, #3, #4, #1 and #9).</p> <p>Review of shower records for Residents #5, #3, #4, #1 and #9 revealed the residents did not receive showers two (2) to three (3) times every week as per the Unit Manager's interview. Additionally, Resident #5 and Resident #3 reported having to wait long periods of time for their call lights to be answered and experienced incontinent episodes as a result of this.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Residents Rights" undated, revealed residents had a right to receive assistance when needed to help them maintain good grooming and body hygiene.</p> <p>Review of the facility's policy titled, "Call Light System" dated December 2010, revealed each resident was to have a functional call light within his/her reach and if the call light did not work the maintenance department was to be notified "immediately". Further review of the policy revealed all call lights were to be answered as quickly as possible.</p>	F 353	<p>provided incontinent care by their assigned CNA after incontinent episode. The Administrator, DON, UM, WNS will review staffing pattern daily to ensure staffing is sufficient and distributed appropriately based upon census &amp; resident acuity to meet the care needs of the residents.</p> <p>All residents' have the potential to be impacted by the alleged deficient practice. The nursing staff was in-serviced beginning on 06/06/2014 by the DON, SDC, UM, &amp;/or WNS of staffing patterns &amp; reporting staffing concerns to Administrator/DON immediately.</p> <p>The Administrator, DON, UM, WNS, &amp;/or HR Director will continue to</p>	

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F 353 Continued From page 13

Review of the facility's policy titled, "Bath Policies", dated December 2010, revealed staff was to provide residents' baths according to the bath schedule if the resident was unable to communicate preference or resident's preference if he/she could communicate his/her preference.

Interview with the Unit Manager, on 05/14/14 at 3:50 PM, revealed residents were scheduled to receive two (2) to three (3) showers a week depending on their room number and their schedule.

1. Review of Resident #5's clinical record revealed diagnoses which included Stroke, Muscle Weakness and Depressive Disorder. Review of the Annual MDS Assessment, dated 4/17/14, revealed the facility assessed Resident #5 to have a BIMS score of thirteen (13) which indicated no cognitive impairment and as being frequently incontinent for both bowel and bladder.

Interview, on 5/15/14 at 2:12 PM, with Resident #5 revealed he/she had previously had "accidents" from waiting too long for staff to assist him/her. Resident #5 stated staff had told the resident he/she did not ring his/her call light quickly enough. Resident #5 stated he/she had responded to this by telling the staff, "what's it matter, you wouldn't get here in time anyway." Resident #5 reported he/she "felt bad and embarrassed" when he/she had "accidents". According to Resident #5, it could take thirty (30) or more minutes for staff to respond to call lights and he/she stated, "it's terrible around here trying to get a call light answered". Resident #5 also stated it was not "always the aides fault" as the CNAs did not have enough help and nurses would not help them for some reason.

F 353 monitor on a daily basis the staffing pattern and schedule to ensure appropriate distribution of staff based upon census and resident acuity to meet the care needs of the residents. The HR director will advertise and post all staffing needs immediately. The HR director will contact the corporate recruiter on or before 6/06/2014 to obtain assistance in recruiting any open positions. The HR director will provide an update of staffing needs and hires to the Administrator daily. The Admin, DON, SDC, UM, BOM, SSD, Chaplain, MR, &/or AMD will audit 10% of residents daily for 7 days, then weekly for 4 weeks, then monthly for 3 months to ensure care and

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F 353	Continued From page 14  Review of the facility's Bathing Report, and the CNA Skin Care Alert Sheets for Resident #5 from the dates of 03/13/14 through 05/08/14, revealed no documented evidence the resident received the two (2) to three (3) scheduled showers every week during that time period as indicated by the Unit Manager. Continued review revealed: from 03/09/14 through 3/15/14 only one (1) documented shower; from 03/16/14 through 03/22/14 only one (1) documented shower; from 03/30/14 through 04/05/14 only one (1) documented shower; from 04/20/14 through 4/26/14 only one (1) documented shower; from 4/27/14 through 05/03/14 only one (1) documented shower; and from 05/04/14 through 05/10/14 only one (1) documented shower.  Continued interview, on 5/15/14 at 2:12 PM, with Resident #5 revealed at one (1) time when the facility had a designated as the "shower aide", he/she used to get all scheduled showers all of the time. Resident #5 stated however, the facility had put the "shower aide" to work "on the floor" because they "needed help". Resident #5 reported since there was no longer a designated "shower aide" his/her showers were "sometimes given and sometimes not".  2. Record Review revealed the facility admitted Resident #3, on 06/08/12, with diagnoses which included Multiple Sclerosis, General Osteoarthritis, Muscle Weakness and Lack of Coordination. Review of Resident #3's Quarterly Minimum Data Set (MDS) Assessment, dated 04/13/14, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of fifteen (15) indicating he/she had no cognitive impairment. Further	F 353	services are being provided. The Admin, QoLD & DON will meet monthly with the resident council to discuss care and services to determine any concerns regarding care and services. The DON will report findings to Nursing staff and address immediately. The DON will report staffing concerns and needs to HR director for recruiting purposes.  The Administrator will report findings to the QA team monthly for review and recommendations to ensure compliance.  Date of Completion: 6/8/14	

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F 353	Continued From page 15  review of the MDS revealed the facility assessed Resident #3 to require extensive assist of one (1) staff person for transfers and toileting, and as always being continent of bowel. Review of Resident #3's Comprehensive Care Plan, dated 06/08/12 revealed he/she was to have the call light in reach and staff should respond promptly.  Interview, on 05/13/14 at 2:25 PM, with Resident #3 revealed "a few times" he/she had rang the call light and it took staff too long to come and he/she had an "accident" while waiting. Resident #3 indicated he/she could not always "hold it" while waiting for staff to come. According to Resident #3, when he/she had an "accident", it "utterly embarrassed and humiliated" the resident and he/she "felt" like he/she "wanted to hide under a rock". Resident #3 reported it made him/her "angry". Continued interview revealed Resident #3 had waited almost two (2) hours for a call light to be answered before. Resident #3 stated "sometimes" there was just one "aide" working per hall and it was just too much for one (1) person to do. Resident #3 indicated there was not enough staff to do everything.  Interview, on 05/13/14 at 6:05 PM, with CNA #4 revealed she had a resident have an incontinent episode before because she could not respond to the call light in time while performing other duties. CNA #4 indicated there were only three (3) CNAs on the floor during second shift of which two (2) of had to feed residents, and this left only one (1) CNA on the floor to cover residents' needs during the evening meal.  Interview with CNA #9 on 05/14/14 at 4:55 PM revealed she had residents who had incontinent episodes because she could not get to them in	F 353		
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F 353	Continued From page 16 time.  Interview with CNA #7 on 05/14/14 at 2:20 PM revealed due to the shortage of staff call lights were not answered timely.  Review of Resident #3's Bathing Report, and the CNA Skin Care Alert Sheets for the dates of 03/12/14 through 05/13/14, revealed no documented evidence the resident received two (2) to three (3) showers a week, as the Unit Manager indicated were to have been scheduled.  Interview, on 5/13/14 at 2:25 PM, with Resident #3 revealed he/she was scheduled to receive baths on Wednesdays and Fridays. Resident #3 stated he/she probably received his/her shower about half the time on Fridays, and then usually had to wait until the following Wednesday to get another shower. Resident #3 reported staff told him/her they were going to give the resident his/her shower; however, then just never showed up to give it.  Interview, on 05/13/14 at 4:45 PM, with CNA #1 revealed there was not enough staff or time to give all residents two (2) to three (3) showers as per the weekly schedule. He stated the facility had only the one (1) shower room, and if it was in use the CNAs had to put residents' showers off until the next day it was scheduled for.  3. Review of Resident #4 clinical record revealed diagnoses which included Diabetes, Chronic Obstructive Pulmonary Disease and Neurogenic Bladder. Review of the Annual MDS dated 02/28/14, revealed no documented BIMS score. Further review of the MDS revealed the facility assessed Resident #4 to require extensive	F 353		
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F 353	Continued From page 17 assistance of two (2) staff with toileting, bathing and personal hygiene. Review of the list of interviewable residents, provided by the facility on 05/13/14, revealed Resident #4 was interviewable and had a BIMS score of a twelve (12).  Review of the facility's Bathing Report dated 04/23/14 through 05/14/14 for Resident #4 revealed no documented evidence the resident received two (2) to three (3) showers per week as the Unit Manager had indicated residents were to have been scheduled for.  Interview, on 05/14/14 at 5:20 PM, with Resident #4 revealed the resident's granddaughter had complained to the DON before about him/her not having received a shower since returning to the facility on 04/02/14.  Interview, on 05/14/14 at 2:00 PM, with CNA #2 revealed residents' showers were not given as scheduled. CNA #2 stated some residents' showers required two (2) staff and there was no "extra staff available".  Interview, on 05/14/14 at 2:20 PM, with CNA #7 revealed he had been assigned seventeen residents (17) before of which nine (9) had been mechanical lift for transfers, which required two (2) people to do. CNA #7 indicated there was not enough help to get all the work and tasks completed. CNA #7 reported residents were not showered as scheduled and tasks were not completed due to lack of staff.  Interview, on 05/15/14 at 2:52 PM with CNA #10 revealed residents did not get their scheduled showers. CNA #10 stated she was unable to	F 353		
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F 353	<p>Continued From page 18</p> <p>complete all her tasks during her shift because there was too much to do and too many residents to care for and there was not enough staff.</p> <p>4. Review of Resident #1's clinical record revealed the facility admitted the resident on 01/17/14, with diagnoses which included Spinal Stenosis, Diabetes and Dementia. Review of the Quarterly Minimal Data Set (MDS) dated 04/25/14, for Resident #1 revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) of nine (9) indicating moderate cognitive impairment. Continued review of the MDS revealed Resident #1 required supervision of one (1) person and physical assist with dressing, personal hygiene and toileting.</p> <p>Review of the Comprehensive Care Plan dated 02/18/14, revealed Resident #1 required physical assist of one (1) person with bathing and dressing.</p> <p>Review of the facility's Bathing Report dated 02/17/14 through 05/12/14 for Resident #1 revealed no documented evidence two (2) to three (3) showers a week, as the the Unit Manager had indicated were to have been scheduled were provided for the resident.</p> <p>Interview, on 05/14/14 at 4:44 PM, with CNA #9, revealed it had been at least a month ago since she was able to give a residents' shower as there was too much to get done and being short staff. She indicated there was not enough staff.</p> <p>5. Review of Resident #9's clinical record revealed diagnoses which included Urinary Tract Infection, Diabetes Mellitus, Non-Alzheimer's Dementia, Anxiety and Depression. Review of</p>	F 353		
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F 353	<p>Continued From page 19</p> <p>Resident #9's Annual MDS, dated 04/22/14, revealed the facility assessed the resident to have a BIMS score of four (4), which indicated severe cognitive impairment. Further review of the MDS, revealed the facility assessed Resident #9 to require extensive assistance of two (2) staff for bathing and toileting.</p> <p>Review of the facility's Bathing Report and CNA Skin Care Alert Sheets for Resident #9 from the dates of 03/03/14 through 05/14/14, revealed no documented evidence the resident received two (2) showers as scheduled and as the Unit Manager indicated were to be provided. Continued review of the Bathing Report revealed: from 03/10/14 thru 03/17/14 only one (1) documented shower; from 03/27/14 thru 04/07/14 only one (1) documented shower; from 04/08/14 thru 04/18/14 but no documented evidence of a shower; from 4/19/14 thru 4/21/14 no documented evidence of a shower; from 04/22/14 thru 04/29/14 no documented evidence of a shower; from 04/30/14 thru 05/06/14 no documented evidence of a shower; and from 05/07/14 thru 05/14/14 for no documented evidence of a shower.</p> <p>Further interview with CNA #4 on 05/13/14 at 5:05 PM, revealed residents could not receive their showers because there was not enough "help" to give them all.</p> <p>Interview, on 05/14/14 at 3:50 PM, with Licensed Practical Nurse (LPN) #2 revealed residents should have two (2) to three (3) showers a week depending on their schedule.</p> <p>Interview with the Unit Manager on 05/16/14 at 11:07 AM revealed she would "love" to have more</p>	F 353		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185141	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/16/2014
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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF GEORGETOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 102 POCAHONTAS TRAIL GEORGETOWN, KY 40324
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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
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F 353	Continued From page 20 staff, however, it was a "corporate thing" and her hands were tied.  Interview with the DON on 05/14/14 at 6:35 PM, revealed she would "love" to have more help. The DON stated because of the shortage of staff ice pass, showers, turning and reposition and answering call lights were not being done. Per additional interview on 05/16/14 at 12:09 PM with DON she revealed she did not feel the staffing was sufficient to meet residents' needs. She stated the CNAs might not always have time to follow the shower schedule; but, if someone brought it to her attention she would take care of it.  Interview, on 05/16/14 at 1:30 PM, with the Administrator revealed the facility had identified "overworked" staff over a month ago and they were trying to correct the problem. She stated she was aware the CNAs did not want to do showers for their assigned residents as the facility used to use a "shower aide" to give resident showers. She stated however the facility changed the process and now the assigned CNA was to give showers for their assigned residents. She further stated she felt like staffing was sufficient; but the CNAs needed to "work smarter, not harder".	F 353		
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