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

PRINTED: 04/13/2012
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
	186090		C 03/30/2012

NAME OF PROVIDER OR SUPPLIER: BRIDGE POINT CARE AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 7300 WOODSPOINT DRIVE, FLORENCE, KY 41042

(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)	(X6) COMPLETION DATE
F 000	INITIAL COMMENTS An Abbreviated Survey investigating complaint #KY00018082, #KY00017985, and #KY00018073 was initiated on 03/27/12 and concluded on 03/30/12. Complaint #KY00018082 was substantiated with no deficiencies cited. Complaint #KY00017985 was unsubstantiated with no deficiency cited. Complaint #KY00018073 was substantiated with a related deficiency cited.	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, **BridgePoint 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."	4/19/12
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 observation and interview it was determined the facility failed to ensure care was provided to maintain or enhance each resident's dignity and respect, for one (1) of five (5) sampled residents. Resident #4 was observed to have dirty socks with holes, soiled clothes and torn, jagged fingernails. The findings include: Review of the clinical record revealed Resident #4 was admitted by the facility on 08/05/05 with diagnoses which included Dementia, Anxiety and Depression. Continued review revealed the resident was not interviewable and was dependent on staff for all physical and	F 241	F241 1. The socks for resident #4 were removed and replaced with clean and appropriate socks by the nursing assistant on 3/28/12. The soiled clothing resident #4 was wearing was removed and replaced with clean clothing on 3/29/12. Resident #4's clothing was reviewed by the Ambassador on 3/30/12, clothing in poor condition was removed from closets/drawers at that time, and the Activity Director purchased new clothing for the resident on 4/4/12. Resident #4 was provided with a padded footrest by the therapist on 3/30/12. Resident #4's nails were	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 4/17/12

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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NAME OF PROVIDER OR SUPPLIER
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STREET ADDRESS, CITY, STATE, ZIP CODE
7300 WOODSPOINT DRIVE
FLORENCE, KY 41042

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F 241	Continued From page 1 decision-making needs. Observation, on 03/28/12 at 3:00 PM, revealed Resident #4 was sitting in a wheelchair in the hall outside the resident's room in sock feet. The wheelchair did not have pedals on it and the resident's feet were on the floor. Continued observation revealed both socks were extremely dirty, nearly black on the bottoms and toes. Both socks had quarter-sized holes in them. On 03/28/12 at 3:50 PM, observation revealed Resident #4 continued to sit in the hall as before. Further observation revealed the resident's fingernails, on both hands, were torn and jagged. Observation, on 03/29/12 at 3:30 PM, revealed Resident #4 was seated in the wheelchair in the dayroom. The resident's fingernails remained jagged and torn. In addition, the resident's sweatshirt was soiled down the front with what appeared to be food. Interview with Certified Nursing Assistant (CNA) #1, on 03/30/12 at 1:50 PM, revealed he had found white socks with holes in the resident's drawer that morning. He stated he would not put them on him/her and sent them back to the laundry. Observation of the resident's drawers and closet with CNA #1, revealed three (3) unmatched shoes and no complete pairs. Continued observation revealed two (2) pairs of dark socks. One pair of pants was ripped at the waist, another pair had lost it's elastic at the waist. Tops and pants were mismatched and of various sizes. none of the items were marked with the resident's name. Continued observation revealed the resident's roommate was wearing	F 241	trimmed by the licensed nurse on 3/30/12. 2. Resident Ambassadors completed an audit of resident clothing on 4/13/12 to determine current residents had clothing articles that are in good condition. The responsible parties of identified residents in need of clothing items were notified by the Ambassador as of 4/13/12. Residents without a responsible party will have any needed clothing obtained by the Activity Director by 4/18/12. The Unit Managers reviewed the condition of each residents' nails on 4/17/12. Residents in need of nail care were provided with this by the Licensed staff on 4/17/12. 3. Nursing staff and Resident Ambassadors were re-educated on resident dignity to include, clean, appropriate and good condition clothing articles are worn by residents; the process for reporting when a resident is in need of additional clothing articles; and providing/ reporting resident who need nail care by the Administrator as of 4/16/12. 4. The Unit Managers will audit residents' nails weekly for four (4) weeks and then monthly for two (2)	

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F 241	Continued From page 2 the same sweatshirt Resident #4 had been wearing on the previous day's observation. CNA #1 further stated the resident's clothes were in need of repair or replacement. Continued interview revealed he was not aware the resident had any family that provided for her personal needs. Interview with the Ambassador for the hall where Resident #4 resided, on 03/30/12 at 2:00 PM, revealed the resident had lived at the facility "for years". She stated she knew some of the resident's clothes were from the original admission in 2006. She further stated some of the resident's clothes may have been from community donations, or left when other resident's were discharged from the facility. Continued interview revealed the resident did receive $40.00 per month, which could be used to purchase any needed items. Interview with the Unit Manager where Resident #4 resided, on 03/30/12 at 3:55 PM, revealed the resident had no family support. She stated the resident had a daughter who was the contact person, but she never visited or provided any necessities for the resident. She further stated some of the resident's clothes came from donated items, or used items left by other residents who were discharged from the facility. Continued interview revealed the Unit Manager was unaware the resident had worn dirty socks with holes in them. She stated there was a barrel full of socks in the laundry where replacements could be obtained. Interview with the Director of Nursing, on 03/30/12 at 5:00 PM, revealed she was not aware	F 241	months to validate residents' nails are clean/trimmed as needed. The Director of Nursing and/or Assistant Director of Nursing will report findings of nail care audits to the Performance Improvement (PI) Committee monthly for three (3) months for further review and recommendation. Resident Ambassadors will review the condition of residents clothing weekly for four (4) weeks, then monthly for two (2) months. Ambassador reviews will be brought to the PI Committee meeting by the Administrator and/or Social Services monthly for three (3) months for further review and recommendation. (PI Committee includes Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Dietician, Unit Managers, H/R Director, Pharmacy, Lab, and Maintenance). Date of Compliance 4/19/12	

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F 241	Continued From page 3 of the condition of Resident #4's clothes. She stated she had not observed the resident's soiled clothes, jagged fingernails or socks with holes. Continued interview revealed the resident did receive $40.00 per month that had not been used. She stated the resident probably had about $900.00 that could be used to purchase needed items. Based on the State Agency's observations, she stated she needed to assess the resident's needs and procure additional items as indicated. She further stated the facility should assess all residents for similar issues.	F 241		