

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

2nd SOD

PRINTED: 12/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ JAN - 4 2013	(X3) DATE SURVEY COMPLETED C 11/30/2012
NAME OF PROVIDER OR SUPPLIER MIDDLESBORO HEALTH CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40965		
(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 (KY19405) was initiated on 11/28/12 and concluded on 11/30/12. The complaint was substantiated with deficient practice cited at "D" level.	F 000	Disclaimer Middlesboro Nursing and Rehabilitation Facility does not believe and does not admit that any deficiencies existed before, during or after survey. Middlesboro Nursing and Rehabilitation Facility reserves all rights to contest the survey findings through informal dispute resolution, formal legal appeal proceedings, or any administrative or legal 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 meant to establish any standard of care, contract obligation or position. And, Middlesboro Nursing and Rehabilitation Facility reserves all rights to raise all possible contentions and defenses or proceedings. 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 Middlesboro Nursing and Rehabilitation Facility does not waive, and reserves the right to assert in any administrative, civil, or criminal claim action or proceeding.	
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review it was determined the facility failed to ensure services were provided in accordance with the written plan of care for two of three sampled residents (Residents #1 and #2). The facility assessed Resident #1 to require the assistance of two staff members for all transfers. However, on 11/22/12, only one facility staff member transferred the resident from the bed to the wheelchair. Further, Resident #2 was assessed to require the use of two side rails when in bed. Observation on 11/28/12, revealed Resident #2 in bed with only one side rail raised. The findings include: A review of the facility policy "Care Plan-Using the Plan," dated 01/09/03, revealed it was the policy of the facility for staff to utilize each resident's care plan in the development of each resident's	F 282	F282 1. Resident #1 and Resident #2 receive services provided by qualified persons in accordance with Resident #1 and Resident #2's plan of care. Resident #1 receives the assistance of two staff for transfers. Resident #2 has both side rails up when in bed. These care requirements are reflected in the above residents' plans of care and the care is carried out by qualified staff. The SRNA and the therapist have been individually educated on the accurate	

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

Paul Maddox

TITLE

administrator 1-3-13

(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.

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

PRINTED: 12/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/30/2012
NAME OF PROVIDER OR SUPPLIER MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40965	
(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 282	<p>Continued From page 1</p> <p>daily care routines. In addition, the policy revealed each resident's daily care was required to be consistent with the resident's plan of care.</p> <p>1. A review of Resident #1's medical record revealed the resident was admitted on 02/29/08. The resident's diagnoses included Cerebral Vascular Disease (CVA), Left Side Hemiparesis, and Chronic Obstructive Pulmonary Disease. A review of Resident #1's transfer instructions dated 11/19/12, revealed the facility assessed the resident to require moderate to maximum assistance of two staff members for transfers from bed to chair, chair to bed, and toilet transfers. A review of Resident #1's care plan for 06/01/12, revealed facility staff had identified Resident #1 to have impaired physical mobility and assessed the resident to require the assistance of two staff members for all transfers. A review of Resident #1's nursing notes dated 11/22/12, at 7:45 AM, revealed one facility staff member, a nursing assistant, was transporting Resident #1 in a wheelchair into the restroom, when the resident leaned forward and fell from the wheelchair. Further review revealed nursing assistants were educated on utilizing two staff members during transfer.</p> <p>State Registered Nurse Aide (SRNA) #1 stated in interview conducted on 11/28/12, at 12:45 PM, that she had transferred Resident #1 on 11/22/12, at approximately 7:30 AM, and that she was aware Resident #1 required two staff members for all transfers. SRNA #1 acknowledged that on 11/22/12, she transferred Resident #1 from the bed to the wheelchair by herself and without the assistance of another staff member. SRNA #1 stated they "should have had two to transfer" the</p>	F 282	<p>implementation of the resident plan of care. Furthermore, the SRNA has been disciplinary conferenced regarding job responsibilities as it relates to following the resident's plan of care. Both the SRNA and the therapist have knowledge and understanding of Resident #1 and Resident #2, respectively, the care and services each resident is to receive.</p> <p>2. All residents of Middlesboro Nursing and Rehabilitation Facility receive services by qualified individuals. The services provided are determined by the individual resident's plan of care. The plan of care is reflected on the SRNA's daily assignment sheet. SRNAs are specifically educated regarding the resident daily plan of care and general services the resident receives based upon the plan of care. SRNAs understand the expected outcome for the resident based upon the plan of care. SRNAs are knowledgeable regarding the relationship between the care plan, hands on services and the outcome to the resident.</p> <p>3. Licensed nursing staff, SRNAs, and therapy staff were educated 11-29-12 regarding all residents' plan of care. SRNAs and nurses were further educated regarding the importance of consistency when caring for the resident, assuring the care provided matches the plan of care. Furthermore, licensed nurses and therapists now have readily available the most recently updated plan of care assignment sheets. To assure staff understand the relationship of the plan of care to the resident outcome,</p>	

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

PRINTED: 12/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/30/2012
NAME OF PROVIDER OR SUPPLIER MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40965		
(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 282	<p>Continued From page 2</p> <p>resident "from the bed to the chair" on the morning of 11/22/12. SRNA #1 stated even though she failed to have assistance when she transferred Resident #1 from the bed to the wheelchair, the resident sustained the fall from the wheelchair when she was transporting the resident into the bathroom and not during the transfer from the bed to the wheelchair.</p> <p>Interview with the Unit Manager on 11/28/12, at 2:55 PM, revealed staff was required to follow each resident's plan of care when providing care for the resident. The Unit Manager stated she was not aware SRNA #1 had transferred Resident #1 from the bed to the wheelchair by herself and without the assistance of another staff member in accordance with the resident's plan of care. The Unit Manager acknowledged that on the morning of 11/22/12, there should have been two staff members to transfer Resident #1 from the bed to the wheelchair.</p> <p>2. A review of Resident #2's medical record revealed the facility admitted the resident on 11/07/12. The resident's diagnoses included Muscle Weakness, Difficulty Walking, and Epilepsy. A review of Resident #2's care plan dated 11/19/12, revealed the resident required the use of two side rails for bed mobility. A review of Resident #2's care plan dated 11/19/12, revealed staff had identified the resident to have a potential for falls and staff was to ensure both of the side rails on the resident's bed were raised when the resident was in bed in an effort to prevent falls.</p> <p>Observation of Resident #2 on 11/28/12, at 4:45 PM, revealed the resident in bed, eyes closed, with one side rail up.</p>	F 282	<p>SRNAs and nurses complete a written test regarding the relationship of hands on care to the resident outcome and care plan goals. A sample written test is attached.</p> <p>4. To assure nursing staff understand the importance of providing care in accordance with the plan of care, a written competency evaluation was developed to evaluate staff understanding. Any staff member scoring below an 80% threshold is re-educated and re-tested. (Test Attached)</p> <p>The CMT/LPN/RN as assigned, monitors daily (each shift) staff compliance with multiple aspects of resident specific plans of care at various times throughout each shift. This monitoring includes oral care, turning/repositioning program, up/down schedule, side rail use, splint application and removal, and compliance with transfers and the number of staff members performing transfers. This includes all residents on their assignment daily. (Monitoring tool attached)</p> <p>In addition, CMTs, LPNs, RNs and SRNAs complete written daily shift reports, and report care information directly to administration. On this report, any noncompliance is reported to the charge nurse and to the director of nursing. Care observations include meal assistance, medication administration, quality of life and socialization, changes in condition, MD and RP notifications, safety concerns, fall risk management, infection control, pain management, hydration concerns, call light</p>		

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

PRINTED: 12/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/30/2012
NAME OF PROVIDER OR SUPPLIER MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40965	
(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 282	Continued From page 3 Interview with the Assistant Director of Nursing (ADON) on 11/28/12, at 3:40 PM, revealed staff was to place both side rails up when Resident #2 was in bed to prevent falls from the bed. Further interview with the ADON at 5:00 PM, revealed the Rehabilitation Manager had placed the resident in bed and failed to utilize two side rails as required. Interview with the Rehabilitation Manager on 11/30/12, at 9:00 AM, revealed she was aware Resident #2 was assessed to require the use of two side rails when in bed and "just forgot."	F 282	response, grooming, etc. This daily report of performance and observation of resident care and services received, related to the plan of care, is completed for all residents by the disciplines listed above per assignment. To assure that consistent care, per the plan of care is sustained, nurse managers perform daily rounds per assigned hall with resident sample ranging from 8-20 residents per administrative nurse for a total sample size of 100%. In addition, each nurse manager selects one resident daily for focused plan of care evaluation resulting in 30 residents per week; thus a total of 120 residents per month are observed for staff compliance with the specified plan of care. Monthly, the quality assurance team selects 5 random focused reviews to determine the percentage of compliance vs. threshold in various aspects of care. The Quality Assurance team then evaluates for any trends of non-compliance. The Daily Rounds Sheet is attached. 5. Compliance Date: January 3, 2013	