

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

PRINTED: 01/02/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/13/2012
NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055	
(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	F 000		
F 280 SS=G	<p>An abbreviated survey (KY #19495) was conducted 12/11/12 through 12/13/12. KY #19495 was substantiated with deficiencies cited at a scope and severity of a "G".</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy and procedure, it was determined the facility failed to ensure residents' comprehensive care plans were periodically</p>	F 280	<p>F280 CRITERIA #1 RESIDENT #1 NO LONGER RESIDES AT THE FACILITY. ON 12-6-2012 THE MD WAS CONTACTED BY PHONE AND ORDERS WERE RECEIVED FOR SILVADINE CREAM. THE CREAM WAS PICKED UP FROM PHARMACY BY THE ADON, UPON OPENING FOR BUSINESS. POA WAS ALSO NOTIFIED OF THE INCIDENT BY THE RN SUPERVISOR. THE RESIDENT WAS ADMINISTERED A LORTAB FOR PAIN. INTERVENTION MARKED ON COMPREHENSIVE CARE PLAN WAS FOR RESIDENT NOT TO DRINK COFFEE IN BED. THE ADMINISTRATOR SPOKE WITH DIETARY MANAGER ON 12-6-2012 AND COFFEE WAS WITHIN APPROPRIATE TEMPERATURES WHEN IT CAME FROM DIETARY DEPARTMENT. DIRECTOR OF NURSING SPOKE WITH NURSE AIDE FOLLOWING THE INCIDENT ON 12-6-2012. SHE REPORTED THAT RESIDENT #1 ASKED HER TO HEAT THE COFFEE, DUE TO IT BEING TOO COLD. SHE STATED THAT SHE DID NOT MEAN TO HURT HER OR DO ANYTHING WRONG. NURSE AIDE WAS PROVIDED WITH A GENERAL PERFORMANCE NOTE IN HER PERSONNEL FILE BY THE DIRECTOR OF NURSING ON 12-6-2012. ON 12-7-2012 GUARDIAN/SON REQUESTED THE RESIDENT BE SEEN BY RESIDENT #1'S PHYSICIAN. THE FACILITY ARRANGED AND TRANSPORTED RESIDENT #1 TO THE PHYSICIAN. RESIDENT RETURNED TO FACILITY ON 12-7-2012 FROM PHYSICIAN'S OFFICE. ON 12-9-2012 GUARDIAN/SON REQUESTED THAT RESIDENT BE SEEN</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dawn Sedler, Administrator 1-6-2013 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 280	<p>Continued From page 1</p> <p>reviewed and revised for four residents (#1, #3, #4 and #5), in the selected sample of six residents, who received burns from hot coffee. Resident #1 received second degree burns from hot coffee, which had been re-heated in the microwave on 12/08/12, and required hospitalization on 12/09/12. Resident #3, Resident #4 and Resident #5, received first degree burns from hot coffee, prepared in the kitchen and spilled by the residents. Resident #3 received first degree burns on 07/27/12 and on 08/14/12. and Resident #5 received first degree burns on 07/27/12. Resident #4 received burns from coffee spilled during a seizure on 12/04/12. Further review of the care plans revealed Residents #1, #3, #4 and #5 were not care planned for assistance with hot beverages, and there was no effective revisions made to the care plans to prevent further reoccurrence of burns.</p> <p>Findings include:</p> <p>A review of the facility's undated policy and procedure, "Comprehensive Care Plans," revealed the initial care plan was to be developed by the nursing staff to ensure all nursing staff are aware of the supports the resident needs to be provided with; developed seven (7) days after completion of the comprehensive assessment and to provide a frame work for the Certified Nurse Aide (CNA) care plan. The comprehensive care plan was to be reviewed and revised, by a team of qualified persons periodically.</p> <p>1. A record review revealed the facility admitted Resident #1 on 11/05/12 with diagnoses to include Dementia, Anxiety, Peripheral Neuropathy, Chronic Obstructive Pulmonary</p>	F 280	<p>AT LOURDES HOSPITAL. RESIDENT #1 WAS ADMITTED TO HOSPITAL AND NEVER RETURNED TO FACILITY. ON 12-6-2012 AN INTERVENTION TO PROVIDE A LID FOR HOT BEVERAGES WAS ALSO IMPLEMENTED. PER GUARDIAN, RESIDENT #1 IS CURRENTLY AT ANOTHER FACILITY.</p> <p>RESIDENT #3 DID OBTAIN A BURN FROM HOT COFFEE ON 7/27/2012. THE COMPREHENSIVE CARE PLAN INTERVENTION PUT INTO PLACE ON 7/27/2012 WAS A CUP WITH LID TO BE PROVIDED TO RESIDENT. ON 8/14/2012 RESIDENT RECEIVED ANOTHER BURN FROM COFFEE. THE CARE PLAN INTERVENTION WAS FOR THERAPY TO SCREEN. SPEECH THERAPY HAD RESIDENT #3 ON CASELOAD AT THE TIME OF INCIDENT. SPEECH THERAPY NOTIFIED NURSING THAT RESIDENT #3 IS BEST TO USE REGULAR KITCHEN INSULATED CUPS WITHOUT LID, AND TO COOL COFFEE DOWN WITH WATER OR ICE CUBE TO A TEMP THAT CANNOT BURN PRIOR TO GIVING TO THE RESIDENT. RESIDENT #3 IS TO BE PROVIDED A TABLE TO SIT CUP ON, WHILE NOT ACTIVELY DRINKING. ON 7-28-2012 A BLISTER DEVELOPED ON RESIDENT #3'S WRIST AND RESIDENT WAS REFERRED TO VOOHRA WOUND CARE FOR TREATMENT AND CARE. THE ABOVE MENTIONED INTERVENTIONS WERE DOCUMENTED ON THE</p>	

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F 280	<p>Continued From page 2 Disease (COPD), Dysphagia, and Muscle Weakness.</p> <p>A review of the admission Minimum Data Set (MDS) assessment, dated 11/11/12, revealed Resident #1 required set-up and supervision with meals. The Brief Interview for Mental Status (BIMS) score was eight (8), which indicated the resident had modified independence in cognitive skills and some difficulty in his/her cognitive thinking ability in new situations.</p> <p>A review of the care plan revealed the resident had impaired safety awareness and the staff was to assist with or cue the resident to drink fluids. Record review revealed the resident received second degree burns, on 12/06/12, after receiving a cup of coffee which had been reheated in the microwave. Review of the resident's care plan revealed interventions added were to have a cup with a lid and not to drink coffee in bed. However, there was no assessment to indicate the assistance needed with drinking hot beverages, no intervention to address the second degree burns, treatment and dressing changes, or any changes in the care plan for pain regarding the source of the pain other than Chronic Pain and Neuralgia and alternative therapies to alleviate the pain from the burns.</p> <p>2. A record review revealed the facility admitted Resident #3 on 9/12/08 with diagnoses to include Cerebral Vascular Accident (CVA) with Left Hemiparesis, Non-Alzheimer's Dementia, and Generalized Weakness.</p> <p>A review of the quarterly MDS assessment, dated 9/27/12, revealed the resident required extensive</p>	F 280	<p>COMPREHENSIVE CARE PLAN AND CERTIFIED NURSE AIDE CARE PLAN AS INDICATED. ON 10-10-2012 THE COMPREHENSIVE CARE PLAN WAS ADDED TO "NEEDS ASSIST WITH FEEDING." NO FURTHER BURNS HAVE OCCURED. RESIDENT IS NO LONGER PROVIDED WITH THE INTERVENTION ON THE COMPREHENSIVE CARE PLAN OR CERTIFIED NURSE AIDE CARE PLAN FOR ADDING WATER ICE OR WATER TO HOT BEVERAGES, DUE TO BEING ON AN ALTERED DIET. ON 12-13-2012 A HOT LIQUIDS SAFETY EVALUATION WAS COMPLETED BY ADMINISTRATIVE NURSING. RISK SCORE IDENTIFIED WAS 30 (MODERATE). THE COMPREHENSIVE CAREPLAN WAS REVIEWED BY THE DIRECTOR OF NURSING ON 12-15-2012 INTERVENTIONS PROVIDED ON THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLAN WERE AS FOLLOWS FOR RESIDENT #3: RESIDENT WILL WEAR OF CLOTHING PROTECTOR WHILE INGESTING HOT LIQUIDS, KEEP HOT LIQUIDS AWAY FROM EDGE OF TABLE IN RESIDENT'S LINE OF SIGHT, RESIDENT PROVIDED A CUP WITH LARGE HANDLE, DO NOT OVERFILL HOT LIQUIDS, THERAPY TO EVAL AND TREAT IF INDICATED, RESIDENT #3'S</p>	

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F 280	<p>Continued From page 3</p> <p>assistance with meals. A review of the Activities of Daily Living (ADL) care plan, dated 10/10/12, revealed the resident required assistance with feeding and to have a divided dish with Dycem under the dish for meals. The resident required thickened liquids due to the diagnosis of dysphagia.</p> <p>A record review of the nurses notes, for July and August 2012 and the event reports, dated 07/27/12 and 08/14/12 revealed the resident had a history of two burns at the facility. The first burn occurred on 7/27/12 and the second burn occurred on 8/14/12, with both burns resulting from coffee spills. A care plan intervention after the first burn, on 07/27/12, was to place a lid on the coffee cup. After the second burn, on 08/14/12, Occupational Therapy (OT) was to evaluate the resident for an assistive device, as the resident turned the sippy cup with hot coffee upside down, causing a first degree burn to the left groin area. However, there were no interventions, on the care plan, per the OT.</p> <p>3. A record review revealed the facility admitted Resident #5 on 11/03/10 with diagnoses to include Alzheimer's Dementia, a History of falls with Injury, Severe Protein Calorie Malnutrition, and a history of a first degree burn, on 07/27/12, to his/her left upper arm with minimal redness, related to a coffee spill, while in activities.</p> <p>A review of the quarterly MDS assessment, dated 09/27/12, revealed the resident required extensive assistance with eating.</p> <p>A review of the ADL care plan, dated 01/12/12, for Resident #5 revealed an intervention for a magic</p>	F 280	<p>COMPREHENSIVE CARE PLAN ALSO STATES TO DISCOURAGE LOCOMOTION WITH HOT LIQUIDS, ALLOW TIME FOR LIQUIDS TO COOL, AND STAFF TO FEED RESIDENT. RESIDENT #3 IS CARE PLANNED TO BE EVALUATED BY HOT LIQUIDS SAFETY EVALUATION QUARTERLY/ ANNUALLY, AND PRN (AS NEEDED). THIS EVALUATION WILL BE COMPLETED BY ADMINISTRATIVE NURSING. THE CERTIFIED NURSE AIDE CARE PLAN WAS REVIEWED AND ADDED BY ADMINISTRATIVE NURSING ON 12-15-2012. ADMINISTRATIVE NURSING REFERS TO DIRECTOR OF NURSING ASSISTANT DIRECTOR OF NURSING, AND RN SUPERVISOR.</p> <p>RESIDENT #4 RECEIVED A BURN ON 12-4-2012 FROM COFFEE WHILE HAVING A SUSPECTED SEIZURE. THE INTERVENTION ADDED TO THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLAN WAS FOR RESIDENT TO HAVE CUP WITH LID. INTERVENTION WAS AND IS EFFECTIVE. NO FURTHER BURNS HAVE OCCURED FOR THIS RESIDENT. ON 12-13-2012 A HOT LIQUID SAFETY EVALUATION WAS COMPLETED BY ADMINISTRATIVE NURSING.</p> <p>RESIDENT #4 RISK SCORE WAS ASSESSED AT 15, WHICH IS LOW. THE COMPREHENSIVE CARE PLAN WAS REVIEWED BY THE ASSISTANT DIRECTOR OF NURSING ON 12-15-2012 FOR RESIDENT #4.</p>		

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F 280	<p>Continued From page 4</p> <p>cup daily for lunch and supper, and was to have a lid for hot beverages. Further review of the care plan, dated 12/09/12, revealed an intervention to provide assistance with meals as needed. A review of the potential for skin impairment care plan, dated 12/09/12, did not mention a burn, nor did the care plan reveal an intervention for treatment or the amount of assistance the resident required with hot beverages, only that the resident required a lid with hot beverages.</p> <p>4. A record review revealed the facility admitted Resident #4 on 10/11/02 with diagnoses to include Dehydration, a History of Heart Attacks, and a Seizure Disorder.</p> <p>A review of the annual MDS, dated 10/02/12, revealed the resident was severely cognitively impaired and totally dependent on staff for all care needs and required the limited assistance of one staff member for meals.</p> <p>A review of the nurses' notes, dated 12/04/12, revealed the resident was observed by staff having seizure activity. The resident had a "hot cup of coffee, when the seizure began and the coffee was spilled." The resident sustained first degree burns to the left forearm. An intervention added to the care plan, dated 12/04/12, revealed the resident was to have a "cup with a lid when given hot fluids."</p> <p>An interview with the Administrator, on 12/11/12 at 5:36 PM, revealed, after the incident regarding Resident #1's burn on 12/08/12, the company who furnished food supplies was contacted and the temperature setting of the coffee pot was turned down from 190 degrees F to 165 degrees</p>	F 280	<p>INTERVENTIONS FOR RESIDENT #4 WERE TO INCLUDE RESIDENT WILL CONSUME HOT BEVERAGES WITH A CUP WITH A LID, RESIDENT WILL WEAR CLOTHING PROTECTOR WHILE INGESTING HOT LIQUIDS, KEEP HOT LIQUIDS AWAY FROM EDGE OF TABLE, KEEP HOT LIQUIDS IN RESIDENT'S LINE OF SIGHT ON DOMINANT SIDE, DO NOT OVERFILL HOT LIQUIDS, THERAPY TO TREAT/EVAL AS NEEDED, AND TO ALLOW TIME FOR HOT LIQUIDS TO COOL. RESIDENT #4 WILL BE ASSESSED BY ADMINISTRATIVE NURSING UTILIZING THE HOT LIQUIDS SAFETY EVALUATION QUARTERLY/ANNUALLY, AND PRN. RESIDENT #4'S CERTIFIED NURSE AIDE CARE PLAN WAS REVIEWED AND ADDED ON 12-15-2012 BY ADMINISTRATIVE NURSING.</p> <p>RESIDENT #5 OBTAINED A BURN ON 7/27/2012 WHILE DRINKING COFFEE. INTERVENTION PROVIDED ON THE COMPREHENSIVE CARE PLAN WAS TO PROVIDE LID WITH HOT BEVERAGES. NO FURTHER INCIDENTS HAVE OCCURRED. ON 12-13-2012 ADMINISTRATIVE NURSING COMPLETED A HOT LIQUIDS SAFETY EVALUATION FOR RESIDENT #5. RISK SCORE WAS AT 15 (LOW). THE COMPREHENSIVE CARE PLAN WAS REVIEWED AND ADDED ON 12-15-2012. INTERVENTIONS THAT ARE INDICATED</p>		

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F 280	Continued From page 5 F, on 12/10/12. However, the facility did not determine the root cause of the previous burns from the hot coffee and did not have the temperatures decreased from the initial burns, on 07/27/12. The facility failed to ensure all residents were assessed in order to identify the need for assistance related to handling of hot beverages in order to revise the plans of care, in order to reflect any new interventions that might be needed in order to protect the residents.	F 280	ON THE COMPREHENSIVE CARE PLAN/CERTIFIED NURSE AIDE CARE PLAN (IF INDICATED) ARE TO INCLUDE: RESIDENT WILL WEAR CLOTHING PROTECTOR WHILE INGESTING HOT LIQUIDS, OT TO EVAL/TREAT AS INDICATED, RESIDENT WILL BE SEATED AT TABLE WHEN GIVEN HOT LIQUIDS, DISCOURAGE LOCOMOTING WITH HOT LIQUIDS, KEEP HOT LIQUIDS AWAY FROM EDGE OF TABLE IN LINE OF SIGHT ON DOMINANT SIDE, DO NOT OVER FILL LIQUIDS, RESIDENT TO HAVE CUP WITH LID FOR HOT BEVERAGES, AND ALLOW TIME TO COOL THE CERTIFIED NURSE AIDE CARE PLAN WAS REVIEWED AND ADDED BY ADMINISTRATIVE NURSING ON 12/15/2012.	
F 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to ensure four residents (#1, #3, #4 and #5), in the selected sample of six residents, remained as free of accident hazards as possible and failed to assess for and ensure each resident received adequate supervision to prevent accidents from the use of hot liquids. On 12/06/12, Resident #1 received second degree burns from hot coffee that was re-heated in the microwave, which resulted in the resident experiencing pain and requiring hospitalization. The facility failed to ensure the	F 323	CRITERIA #2 FOR PURPOSE OF THIS DOCUMENT ADMINISTRATIVE NURSING REFERS TO DIRECTOR OF NURSING, ASSISTANT DIRECTOR OF NURSING, AND RN SUPERVISOR. IN ORDER TO IDENTIFY OTHER RESIDENTS THAT WOULD BE AFFECTED BY THE SAME DEFICIENT PRACTICE ADMINISTRATIVE NURSING COMPLETED A HOT LIQUIDS SAFETY EVALUATION FOR ALL RESIDENTS AT RIVERS BEND. THIS WAS COMPLETED ON 12-13-2012 FOR ALL RESIDENTS BY ADMINISTRATIVE NURSING. ON 12-15-2012 THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLANS WERE REVIEWED AND ADDED BY ADMINISTRATIVE NURSING. ADDITIONAL SUPPORTS	

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F 323	<p>Continued From page 6</p> <p>resident was evaluated for the ability to safely and independently drink hot liquids, failed to test the temperature of the hot liquid prior to leaving it at the resident's bedside, and failed to assess the resident's ability to independently maneuver the hot cup of coffee. Resident #3, Resident #4, and Resident #5 received first degree burns from hot coffee spills which were not re-warmed in the microwave. Resident #3 and Resident #5 received first degree burns on 07/27/12. Resident #3 was burned again, on 08/14/12. Resident #4 received burns from spilled coffee during a seizure on 12/04/12.</p> <p>Findings include:</p> <p>A review of the facility's policy/procedure, "Minimum Temperatures at the Point of Service to the Resident," dated 07/30/08, revealed coffee, tea, broth or hot beverages were to be served at a temperature greater than 150 degrees F" and stated "these beverages have a fast temperature drop."</p> <p>1. A record review revealed the facility admitted Resident #1 on 11/05/12 with diagnoses to include Dementia, Anxiety, Peripheral Neuropathy, Chronic Obstructive Pulmonary Disease (COPD), Dysphagia and Muscle Weakness. An admission Minimum Data Set (MDS) assessment, dated 11/11/12, revealed Resident #1 required set-up and supervision with meals. The Brief Interview for Mental Status (BIMS) Score was eight (8) which indicated the resident had modified independence in cognitive skills and some difficulty in his/her cognitive thinking ability in new situations. A review of the care plan, dated 11/26/12, revealed the resident</p>	F 323	<p>IN REGARDS TO HOT LIQUID SAFETY WERE ADDED TO THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLANS (AS INDICATED) PER ASSESSMENT ON 12/15/2012 BY ADMINISTRATIVE NURSING. AS STATED ABOVE, ALL IN HOUSE RESIDENTS WERE ASSESSED BY ADMINISTRATIVE NURSING FOR HOT LIQUIDS SAFETY. REASSESSMENT OF HOT LIQUIDS SAFETY OF CURRENT RESIDENTS WILL OCCUR QUARTERLY/ANNUALLY, AND PRN (AS NEEDED). ADMINISTRATIVE NURSING WILL BE RESPONSIBLE FOR COMPLETING THESE ASSESSMENTS AND ENSURING THAT ANY ADDITIONAL SUPPORTS ARE ADDED TO THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLANS. AS INDICATED UPON ASSESSMENT. RESIDENTS THAT ARE ADMITTED TO RIVER'S BEND RETIREMENT COMMUNITY WILL BE PROVIDED A HOT LIQUID SAFETY EVALUATION WILL BE COMPLETED UPON ADMISSION, QUARTERLY, AND PRN (AS NEEDED). THIS WILL BE COMPLETED BY ADMINISTRATIVE NURSING. ADMINISTRATIVE NURSING WAS PROVIDED TRAINING ON THIS EXPECTATION ON 12-13-2012 BY THE DIRECTOR OF NURSING AND THE ADMINISTRATOR. CHARGE NURSES (RN AND LPM) WERE PROVIDED TRAINING BY THE DIRECTOR OF NURSING AND ADMINISTRATOR ON THE HOT LIQUIDS SAFETY</p>		

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F 323	<p>Continued From page 7</p> <p>had impaired safety awareness and the staff was to assist with or cue the resident to drink fluids. A review of the nurses log, dated 12/06/12 at 7:30 AM revealed the resident had burns to his/her chest, breast and abdomen. To the resident's right breast, there was an area that measured 7.5 centimeters (cm) by (X) 8.0 cm, where the skin was not intact. Blisters were present throughout the area. A review of the weekly skin assessment, dated 12/09/12, revealed the resident had three areas of concern: The right breast; with an open area, measuring 3.0 cm X 1.5 cm and an area of redness measuring 18.0 cm X 10 cm; the right upper abdomen; with an open area measuring 9.5 X 10.5 and an area of redness 30.0 cm X 6.0 cm; and the right flank area; with an open area, measuring 2.5 cm X 1.0 cm and an area of redness, measuring 17.5 X 1.0. In addition, under the comments section, the report stated there were three blisters that had not ruptured.</p> <p>A review of the nurse's notes/Incident notes, dated 12/06/12, revealed Resident #1 sustained burns to his/her chest, breast and abdomen due to having spilled hot coffee on self, on 12/06/12 at 7:30 AM. The note indicated the physician was notified and an order received for Silvadene Cream and Lortab was given for pain. Review of the Initial Physician's phone order, dated 12/06/12, no time designated, revealed an order for a diagnosis of "burns to the abdomen and chest" and special instructions "apply Silvadene to the affected areas, until healed."</p> <p>A review of the physician's History and Profile, dated 12/07/12 at 3:30 PM, revealed an order was written for Silvadene to burns with four by</p>	F 323	<p>EVALUATION AND ON ENSURING THAT ANY HOT LIQUIDS RISKS THAT ARE IDENTIFIED ARE TO BE ADDRESSED IMMEDIATELY. THIS WAS COMPLETED ON 12/15/2012 AND 1/3/2013. THE REGISTERED NURSES AND LICENSED NURSES WERE ALSO TRAINED THAT ALL APPROACHES AND INTERVENTIONS ARE TO BE ADDRESSED ON THE COMPREHENSIVE CARE PLAN AND CERTIFIED NURSE AIDE CARE PLAN (AS INDICATED). ADMINISTRATIVE NURSING WAS TRAINED ON THIS EXPECTATION ON 12-13-2012 BY THE ADMINISTRATOR/DIRECTOR OF NURSING. ON 12-13-2012 ADMINISTRATIVE NURSING WERE TRAINED BY DIRECTOR OF NURSING AND ADMINISTRATOR ON THE TOO HOT LIQUIDS POLICY, HOT LIQUIDS ASSESSMENT, ADDENDING CARE PLANS WITH APPROPRIATE SUPPORTS REGRDING HOT LIQUIDS, RISK CATEGORIES OF ASSESSMENT AND ADDRESSING CONCERNS THAT COULD RESULT IN A BURN IMMEDIATELY. ON 12-13-2012, 12-14-2012, AND 12-16-2012 THE DIRECTOR OF NURSING INSERVED REGISTERED NURSES, LICENSED NURSES, CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, AND NURSE AIDES (THESE STAFF WILL BE REFERRED AS NURSING STAFF FOR PURPOSES OF THIS DOCUMENT) ON NEVER REHEATING ITEMS, AND THAT ALL ITEMS THAT NEED TO BE REHEATED MUST COME FROM THE DIETARY DEPARTMENT. NURSING STAFF WERE ALSO TRAINED ON INTERVENTION CATEGORIES BASED ON HOT LIQUID</p>		

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055		
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F 323	Continued From page 8 fours (4 x 4's) and place an elastic bandage (6) inches. Change the dressing every day, gently remove the old Silvadene cream." The plan was for the physician to return to the facility, on 12/13/12, to recheck the burn during her rounds. An order was written, on 12/07/12 at 6:05 PM, for "Silvadene to be applied generously everyday to the burns and cover with non-adherent 4 x 4's, then wrap the chest with an elastic bandage or stockinette shirt every day. Gently remove the Silvadene everyday." According to the physician's physical exam, dated 12/07/12, during the office visit with Resident #1, the resident "experienced first and second degree burns to the right chest wall, above the breast, blistering is present and the blistering is off the skin above the breast. There is erythema and blistering on the breast, as well as the abdomen below the breast and no burn under the breast." The hospital admission report, dated 12/09/12, revealed the reason for the admission was due to "chest wall pain and second degree burn to the right chest wall and right upper abdominal wall". An entry in the Nurse Log Report, dated 12/06/12 at 7:30 AM revealed the "resident was lying in bed with burns to the chest, breast, and abdomen. To the right breast, there is an area that measures 7.5 by 8.0 centimeters (cm,) where the skin is not intact, at this time. Blisters are present throughout the area." An interview with Nurse Aide (NA) #3, on 12/13/12 at 10:25 AM, revealed the NA was unaware of a policy about re-heating coffee until after Resident #1 was burned. The NA stated she saw other staff warming coffee in the microwave, near the Nurses Station's Nourishment Room and was not aware of a	F 323	SAFETY EVALUATIONS, AND READING AND FOLLOWING THE CERTIFIED NURSE AIDE CARE PLANS/ COMPREHENSIVE CARE PLANS. NURSING STAFF WERE INSTRUCTED ON 12-13-2012, 12-14-2012, AND 12-15-2012 THAT INTERVENTIONS FOR EACH RESIDENT IN RELATION TO HOT LIQUIDS WOULD BE MARKED ON THE CERTIFIED NURSE AIDE CARE PLAN AND COMPREHENSIVE CARE PLAN. THE CERTIFIED NURSE AIDE CARE PLAN PERTAINS TO DIRECT CARE THAT CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, AND NURSE AIDES WOULD PROVIDE FOR THE RESIDENTS. THE POLICY FOR TO LIMIT HOT BEVERAGES RISK FACTORS WAS TRAINED BY DIRECTOR OF NURSING ON 12-13-2012, 12-14-2012, AND 12-15-2012 TO NURSING DEPARTMENT STAFF. A STAFF COMPETENCY TEST ON HOT LIQUIDS SAFETY WAS PROVIDED TO DEPARTMENT HEADS, REGISTERED NURSES, LICENSED NURSES, CERTIFIED MEDICATION TECHS, CERTIFIED NURSE AIDES, AND NURSE AIDES ON 12-13-2012, 12-14-2012, AND 12-15-2012. THIS WAS COMPLETED BY THE DIRECTOR OF NURSING AND ADMINISTRATOR. THE MEDICAL RECORDS DIRECTOR, BUSINESS OFFICE MANAGER, AND ASSISTANT ADMINISTRATOR ALSO COMPLETED AN AUDIT OF THE CERTIFIED NURSE AIDE CARE PLANS AND THE COMPREHENSIVE CARE PLANS TO ENSURE SUPPORTS ARE INDICATED ON BOTH DOCUMENTS IN RELATION TO HOT LIQUIDS ON 12-15-2012. THE MEDICAL RECORDS DIRECTOR, BUSINESS OFFICE MANAGER, AND ASSISTANT ADMINISTRATOR ON 12-15-2012 WERE TRAINED BY THE RISK MANAGER ON HOW TO COMPLETE		

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F 323	<p>Continued From page 9</p> <p>problem with this. She stated Resident #1 requested to have the coffee warmed and the NA re-heated the coffee "about 30 seconds," in the microwave. The coffee was "steaming a little" and the NA put powdered creamer in the coffee and placed the lid back on the thermal mug. She then took the coffee back to the resident's room and placed the coffee on the resident's bed side table, that lay across the bed, as the resident was sitting at a 90 degree angle in bed, with the breakfast tray in front of him/her. The NA left the room, after telling the resident to be careful, the coffee "was hot," and went down the hall to pass other trays. She was summoned back to the room by a family member of Resident #2's (roommate of Resident #1). Resident #2's family member was calling out to say Resident #1 was "choking." Once in the room, NA #3 observed Resident #1 had spilled coffee on the hospital gown he/she was wearing and removed the gown to note the resident's reddened skin to the chest and right side. The NA and Resident #2's family member starting applying cold wash cloths, and the NA left the room to get the nurse. The NA stated she did not see the skin peeling off until the wash cloths were removed by the nurse.</p> <p>An interview with Resident #2's family member, on 12/12/12 at 1:30 PM, revealed the NA came into the room the morning Resident #1 was burned, and awoke the resident, sat him/her up in the bed and brought in the breakfast tray. While the NA set-up the resident's tray, Resident #1 complained the coffee was cold and the NA left the room to warm the coffee. The NA brought the coffee back and set it on the table, telling the resident "it was hot," and left the room. The family member indicated she exited the room and</p>	F 323	<p>THESE REVIEWS, THE DIRECTOR OF NURSING ALSO REVIEWED COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLANS ON 12-15-2012 FOR ACCURACY.</p> <p>12-18-12 12-21-12</p> <p>ON 12-18-2012 AND 12-20-2012 DIETARY STAFF, DEPARTMENT HEADS, REGISTERED NURSES, LICENSED NURSES, CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, AND NURSE AIDES WERE ALSO PROVIDED A COMPETENCY TEST ON BEING ABLE TO IDENTIFY SUPPORTS BEING PROVIDED ON A A CERTIFIED NURSE AIDE CARE PLAN. THE TRAINING WAS PROVIDED BY THE ASSISTANT ADMINISTRATOR, ADMINISTRATOR, AND DIRECTOR OF NURSING. AN EXAMPLE OF A CERTIFIED NURSE AIDE CARE PLAN WAS PROVIDED AND THE ABOVE MENTIONED STAFF WERE ASKED TO IDENTIFY SUPPORTS ON THE CERTIFIED NURSE AIDE CARE PLAN. THE QUIZ THAT WAS ADMINISTERED DEMONSTRATED PROFICIENCY AT BEING ABLE TO IDENTIFY SUPPORTS. ANSWERS TO THE QUIZ WERE REVIEWED AS A GROUP TO ENSURE UNDERSTANDING/ PROFICIENCY CRITERIA #3</p> <p>ON 12-10-2012 THE DIETARY MANAGER INSERVICED DIETARY STAFF THAT DIETARY STAFF ARE THE ONLY INDIVIDUALS THAT CAN PREPARE HOT BEVERAGES, THAT THE DATE, TIME, ACTIVITY, TEMPERATURE, AND INITIALS ARE TO BE FILLED OUT ON THE HOT BEVERAGES FORM. ON 12-14-2012 THE DIETARY MANAGER INSERVICED DIETARY STAFF ON HOT BEVERAGE GUIDELINES, AND RECORDING TEMPERATURES. ON 12-18-2012 THE ADMINISTRATOR INSERVICED THE DIETARY MANAGER/DIETARY STAFF ON HOW TO READ CERTIFIED NURSE AIDE CARE PLANS, WHICH INCLUDED THE CERTIFIED NURSE AID COMPETENCY TEST. THE COMPETENCY</p>		

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F 323	<p>Continued From page 10</p> <p>was not gone "two to three minutes" when she entered and saw Resident #1 was "red-faced and making gestures" with his/her mouth open and hands with fingers spread out next to his/her face. The family member "thought Resident #1 was choking, because there were no understandable words coming out of his/her mouth." The family member went out to the hallway and called NA #3 to come, that "something was wrong" with Resident #1. When they both realized the resident had spilt the coffee, they both started taking off the gown and applying cold wash cloths. The family member stated she saw blistering to the right chest and the right side was "raw." Other staff came into the room and the curtain was pulled and she could hear the resident "moaning."</p> <p>An interview with Registered Nurse (RN) #1, on 12/12/12 at 11:25 AM, revealed the RN was called to Resident #1's room on 12/06/12, approximately "30 seconds" after NA #3 requested her assistance, to find the resident lying in bed with redness to the right breast, sternal area and to the right side of the abdomen, "with the first layer of skin already removed" from the right breast area and described as "raw." The resident stated, "It hurts, it hurts." The RN called for the Assistant Director of Nursing (ADON) to assist her and to contact the physician, while RN #1 stayed with the resident." A Lorab was given for pain and a fan was placed at bedside, while the RN fanned the resident. The resident "acted like the pain eased up after 20 to 25 minutes." The ADON went to the pharmacy and brought back the physician ordered Silvadene cream and RN #1 applied the cream to the burns, where "small blisters" were starting to appear</p>	F 323	<p>TEST WAS REVIEWED AS A GROUP TO ENSURE UNDERSTANDING AND PROFICIENCY. THE ADMINISTRATOR ALSO REVIEWED WITH DIETARY MANAGER/STAFF THAT TEMPERATURE SHE BE TAKEN ON ALL FOODS, THE TOO LIMIT HOT BEVERAGE RISKS POLICY AND RISK CATEGORIES BASED OFF THE HOT LIQUIDS SAFETY EVALUATION. ON 12-11-2012 THE DIETARY MANAGER ALSO INSERVICED DIETARY STAFF ON POINT OF SERVICE TEMPERATURE POLICY. ON 12/11/2012 THE BUISNESS OFFICE MANAGER, MEDICAL RECORDS DIRECTOR, DIRECTOR OF NURSING, HUMAN RESOURCES DIRECTOR, RN SUPERVISOR, ASSISTANT DIRECTOR OF NURSING, SOCIAL SERVICES DIRECTOR, DIETARY MANAGER, ACTIVITIES DIRECTOR, RISK MANAGER, MAINTENANCE DIRECTOR, AND ASSISTANT ADMINISTRATOR (DEPARTMENT HEADS) WERE INSERVICED ON POINT OF SERVICE TEMPERATURE POLICY BY THE ADMINISTRATOR.</p> <p>IN ORDER TO IMPLEMENT INTERVENTIONS CONSISTENT WITH RESIDENTS' NEEDS PER PLAN OF CARE RIVER'S BEND RETIREMENT COMMUNITY IMPLEMENTED THE USE OF A HOT LIQUIDS ASSESSMENT. A PROTOCOL OF INTERVENTION CATEGORIES WAS ALSO DEVELOPED BASED ON THE SCORING OF THE HOT LIQUIDS SAFETY EVALUATION. EACH RESIDENTS APPROACHES AND INTERVENTIONS ON THE COMPREHENSIVE CARE PLAN IS ALSO INDIVIDUALIZED BASED ON THE RESIDENT. THE INTERVENTION CATEGORIES ARE AS SUCH: LOW RISK-CLOTHING PROTECTOR, MODERATE RISK INTERVENTIONS-CLOTHING PROTECTOR AND RESIDENT MAY ONLY HAVE HOT LIQUIDS WHEN SEATED AT THE TABLE, HIGH RISK INTERVENTIONS-CLOTHING PROTECTOR, RESIDENT ONLY TO HAVE HOT LIQUIDS WHEN SEATED AT A TABLE, AND INDIVIDUAL PERSON CENTERED INTERVENTIONS FOR SPECIFIC NEEDS.</p>	

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F 323	<p>Continued From page 11</p> <p>underneath the right breast. The RN stated there was no dressing ordered to cover the burns at that time. Prior to applying the cream, the RN notified the POA that the resident spilled coffee during breakfast and had some redness to his/her breast and abdomen. The RN was unsure if the POA was told about the rawness of the burns, but stated there were no blisters at the time of the call.</p> <p>An interview with the ADON on 12/06/12, at approximately 7:30 AM, revealed NA #3 requested the ADON's assistance with Resident #1, who was sitting up in bed and had spilled coffee on himself/herself. The ADON stated the resident presented with "the first layer of skin off on his/her right breast, approximately four (4) to six (6) inches in diameter, above the right nipple, and the rest of the abdomen, the right side and right flank area was a bright pink." The resident was described as "moaning and said [he/she] was in pain." The ADON stated the physician was notified and was told the resident sustained third degree burns, and an ointment for burns was ordered. The ADON also stated first degree burns were comparable to sunburn. Second degree burns were between skin peeling and blistering and was sure the resident's burns were third degree which was conveyed to the physician. Further interview with the ADON, on 12/13/12 at 11:50 AM, revealed the physician did not order a dressing to cover the burns until after the office visit on 12/07/12.</p> <p>An interview with the physician, on 12/13/12 at 11:00 AM, revealed the physician stated she was not made aware of the source and the extensiveness of the burns and received</p>	F 323	<p>THE FACILITY ALSO UTILIZES CERTIFIED NURSE AIDE CARE PLANS. INTERVENTIONS THAT THE CERTIFIED NURSE AIDES/NURSE AIDES WOULD PROVIDE IN RELATION TO HOT LIQUIDS WERE ADDED TO THE CERTIFIED NURSE AIDE CARE PLAN AS, PER RESIDENT NEED AND ASSESSMENT, BY ADMINISTRATIVE NURSING ON 12-15-2012. THE DIRECTOR OF NURSING PROVIDED TRAINING ON 12-13-2012, 12-14-2012, AND 12-16-2012 TO REGISTERED NURSES, LICENSED NURSES, CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, NURSE AIDES, THE RN SUPERVISOR, AND ASSISTANT DIRECTOR OF NURSING ON ALL HOT LIQUIDS MUST COME FROM KITCHEN, THAT CERTIFIED NURSE AIDE CARE PLANS MUST BE FOLLOWED. NURSING STAFF WERE TOLD WHERE TO FIND SUPPORTS ON CERTIFIED NURSE AIDE CARE PLANS (IN RELATION TO HOT LIQUIDS) THE TO LIMIT HOT BEVERAGE RISK POLICY WAS INSERVICED, STAFF WERE TRAINED NEVER TO REHEAT BEVERAGES, AND CATEGORIES OF THE HOT LIQUIDS SAFETY EVALUATION, WERE REVIEWED WITH NURSING STAFF. THE DIRECTOR OF NURSING INSERVICED THE ASSISTANT DIRECTOR OF NURSING AND RN SUPERVISOR ON THE HOT LIQUIDS SAFETY EVALUATION AND ON HOW TO COMPLETE THE EVALUATION ON 12-13-2012. ADMINISTRATIVE NURSING CONSISTS OF RN SUPERVISOR, DIRECTOR OF NURSING, AND ASSISTANT DIRECTOR OF NURSING. ON 12-19-2012 AND 12-20-2012, 12-21-12. NURSING STAFF WERE PROVIDED COMPETENCY TESTING ON BEING ABLE TO READ A CERTIFIED NURSE AIDE CARE PLAN BY THE DIRECTOR OF NURSING AND ADMINISTRATOR ON 12-19-2012 AND 12-20-2012, 12-21-12.</p>	

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F 323	<p>Continued From page 12</p> <p>Information that the resident received a burn while eating breakfast. The physician stated it was not communicated to her and she was unaware of the burns severity until the resident was taken to the physician's office, per the Power of Attorney (POA's) request, on 12/07/12 at approximately 3:30 PM, when the physician realized the resident had "second degree" blisters to the right torso and abdomen. In addition, the physician stated she specifically ordered the ointment be covered with a dressing to cover the burns, in order for the wound to properly heal and "this was not done." A review of the physician's progress notes, dated 12/07/12, revealed the resident was alert and had a history of poor short-term memory deficits. The resident was assessed as having second degree burns to the right chest wall, right breast and abdomen, a six (6) percent (%) total body surface area involved in the burns, in addition to an exacerbation of COPD. The resident was hospitalized, on 12/10/12, per the Son/Power of Attorney (POA's) insistence and treated for the burns and an Exacerbation of COPD, until being released to another facility, on 12/14/12.</p> <p>An interview with Certified Nurse Aide (CNA) #1, on 12/11/12 at 5:25 PM, revealed the CNA had previously warmed water in a cup for coffee singles for a resident and stated she normally microwaved the cup "about a minute, until it steamed," and stated they had to stop warming anything in the microwave, when Resident #1 was burned.</p> <p>An interview with the Dietary Manager, on 12/12/12 at 2:15 PM, revealed the dietary staff were "suppose to take coffee temperatures with</p>	F 323	<p>TRAINING WAS PROVIDED TO NURSING STAFF BY THE DIRECTOR OF NURSING ON 12-13-2012, 12-14-2012, AND 12-15-2012 ON HOT LIQUID SAFETY THIS INCLUDED COMPETENCY TESTING. THE COMPETENCY TESTING INCLUDED QUESTIONS REGARDING HANDLING HOT LIQUIDS, STATEMENTS ABOUT HOT LIQUIDS, CHARACTERISTICS OF RESIDENTS AT RISK FOR SPILLING, REVIEWING PLAN OF CARE, LEAVING A RESIDENT UNATTENDED WITH HOT LIQUIDS, TRUE OR FALSE STATEMENTS ABOUT TRANSPORTING A LIQUID DOWN THE HALL. THE TEST WAS PROVIDED AT DIFFERENT TRAINING SESSIONS BY THE DIRECTOR OF NURSING, ASSISTANT ADMINISTRATOR, AND ADMINISTRATOR. ON 12-13-2012, 12-14-2012, AND 12-15-2012 A HANDOUT WAS ALSO PROVIDED ON ACCIDENTAL HOT LIQUID SPILLS BY THE DIRECTOR OF NURSING, AND A HANDOUT ON INTERVENTION CATEGORIES WAS PROVIDED BY THE ADMINISTRATOR, DIRECTOR OF NURSING, AND ASSISTANT ADMINISTRATOR.</p> <p>THE DIETARY MANAGER ALSO CONTACTED GORDON FOOD SERVICES TECHNICIAN TO INSPECT COFFEE POT ON 12-8-2012 TECHNICIAN WAS PRESENT ON 12/7/2012. PER REPORT COFFEE POT READ 190 DEGREES, WHICH WAS WITHIN NORMAL LIMITS FOR BEST BREWING AND QUALITY. TECHNICIAN TURNED DOWN EQUIPMENT THERMOSTAT TO AN APPROXIMATE 160 DEGREES. THIS TEMPERATURE MEETS POINT OF SERVICE PROTOCOL OF THE FACILITY. THE COFFEE POT WAS REMOVED FROM NOURISHMENT ROOM, AND SO WAS THE MICROWAVE. ONLY THE KITCHEN WILL PROVIDE HOT LIQUIDS. ON 12/13/2012 THE DIETARY MANAGER COMPLETED A TRAY CARD AUDIT TO ENSURE ACCURACY OF PREFERENCES. NEW CARAFES WERE PURCHASED BY DIETARY TO USE DURING ACTIVITIES, THERAPY SESSIONS, ETC. TO ENSURE APPROPRIATE TRAINING ALL NURSING STAFF (RN/LPN)</p>	

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F 323	<p>Continued From page 13</p> <p>every meal," but explained the staff were "lax" in doing this on the week of 12/06/12, as the Dietary Manager had been "out that week."</p> <p>An interview with the Dietician, on 12/13/12 at 4:47 PM, revealed she was unaware of a problem with hot coffee "until a couple of days ago" after Resident #1 "was already in the hospital." She was not made aware there were other residents burned with hot liquids.</p> <p>An interview with the Administrator, on 12/11/12 at 5:36 PM revealed after Resident #1 was burned, the company was called that furnished food supplies and the temperature setting of the coffee pot was turned down from 190 degrees F to 185 degrees F, on 12/10/12. However, the facility did not determine the root cause of the previous burns from hot coffee and did not have the temperatures decreased from the initial burns, on 07/27/12.</p> <p>2. A record review revealed the facility admitted Resident #3 on 09/12/08 with diagnoses to include Cerebral Vascular Accident (CVA) with Left Hemiparesis, Non-Alzheimer's Dementia, Anemia, and Generalized Weakness. An interview with Certified Nurse Aide (CNA) #1 on 12/11/12 at 5:25 PM, and a review of the event reports from July 2012 through 12/11/12, revealed the resident had a history of two burns. One incident occurred on 07/27/12 and the other occurred on 08/14/12, with both burns resulting from hot coffee spills.</p> <p>A review of the quarterly MDS assessment, dated 09/27/12, revealed the resident required extensive assistance with meals. A review of the</p>	F 323	<p>CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, AND NURSE AIDES WILL NOT BE ALLOWED TO PROVIDED CARE UNTIL THEY HAVE WENT THROUGH THE ORIENTATION PROCESS. THE POLICY TO LIMIT HOT BEVERAGE RISK FACTORS WILL BE REVIEWED. A HANDOUT WILL ALSO BE PROVIDED TO THEM ON "ACCIDENTAL HOT LIQUID SPILLS," AND A COMPETENCY TEST WILL BE PROVIDED FOR HOT LIQUID SAFETY (AS DESCRIBED ABOVE). THE COMPETENCY TEST WILL ENSURE THAT EACH NURSING EMPLOYEE UNDERSTANDS THE RISKS ASSOCIATED WITH HOT LIQUIDS. THE TRAINING WILL BE COMPLETED DURING THE ORIENTATION PROCESS, BY ADMINISTRATIVE NURSING. ADMINISTRATIVE NURSING WILL ALSO PROVIDE TRAINING IN ORIENTATION ON ASSESSED INTERVENTION CATEGORIES (LOW, HIGH, AND MODERATE), AND WILL TRAIN EMPLOYEES TO LOCATE HOT LIQUIDS INTERVENTIONS ON THE CERTIFIED NURSE AIDE CARE PLAN. DURING THE ORIENTATION PROCESS THE ADMINISTRATIVE NURSING WILL ALSO PROVIDE A COMPETENCY TEST ON THE CERTIFIED NURSE AIDE CARE PLAN. TRAINING OF THE POLICY "TO LIMIT HOT BEVERAGE RISK FACTORS, RISK CATEGORIES FOR SAFETY WITH HOT LIQUIDS, AND A STAFF COMPETENCY TEST ON RESIDENT SAFETY WITH HOT LIQUIDS WILL BE PROVIDED TO QUARTERLY TO NURSING STAFF BY ADMINISTRATIVE NURSING. IN ORDER TO ENSURE THAT THE TRAINING IS COMPLETED ANNUALLY IT WILL BE MARKED ON THE FACILITY'S INSERVICE CALENDAR TO BE DONE QUARTERLY BY THE ADMINISTRATOR. THE ADMINISTRATOR COMPLETED THIS 1-2-13. THE FACILITY ALSO IMPLEMENTED A DINING CHECK OFF LIST ON 12/14/2012. THE DINING CHECK OFF LIST CORRESPONDS WITH THE "TOO LIMITED BEVERAGES RISK" POLICY. PERSONS RESPONSIBLE FOR MONITORING INCLUDE THE ADMINISTRATOR.</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055		
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F 323	<p>Continued From page 14</p> <p>ADL care plan, dated 10/10/12, revealed the resident required assistance with feeding and to have a divided dish with Dycem under the dish for meals. An intervention from the "At Risk for Skin Breakdown care plan, dated 07/27/12, was for the resident to have a cup with a lid. An intervention from the Event Report, dated 07/27/12 was to "assure assistance with coffee." The care plan for nutrition, dated 07/14/11, revealed the resident required thickened liquids due to the diagnosis of dysphagia.</p> <p>A review of the Nurses Log Report, dated 07/27/12, revealed "the resident has what appears to be a first degree burn with minimal redness on her left lower arm." There was no mention of pain and the resident has no recollection.</p> <p>An interview with Resident #3, on 12/12/12 at 8:50 AM, revealed he/she recalled getting burned; however, he/she did not remember the details of how it happened.</p> <p>An interview with CNA #2, on 12/12/12 at 8:50 AM, revealed she recalled seeing the burn on the resident's left forearm while she gave the resident a shower. The CNA recalled the burn as being red, but not blistered. She was told by the Charge Nurse on duty that the resident had spilled hot coffee on himself/herself.</p> <p>An interview with the Dietary Manager, on 12/12/12 at 2:25 PM, revealed the resident was in activities drinking thickened hot coffee when the burn occurred. The Dietary Manager continued to explain the nectar thickened coffee should sit a little longer than usual and be stirred well, to cool</p>	F 323	<p>ASSISTANT ADMINISTRATOR, HUMAN RESOURCES DIRECTOR, MEDICAL RECORDS DIRECTOR, MAINTENANCE DIRECTOR, AND DIETARY MANAGER, DIRECTOR OF NURSING, ASSISTANT DIRECTOR OF NURSING, RN SUPERVISOR, AND RISK MANAGER.</p> <p>ON 12-14-2012 THE DIRECTOR OF CLINICAL OPERATIONS-TRAINED _____</p> <p>THE BUSINESS OFFICE MANAGER, ACTIVITIES DIRECTOR, MEDICAL RECORDS DIRECTOR, SOCIAL SERVICES DIRECTOR, ADMINISTRATOR, DIRECTOR OF NURSING, ASSISTANT ADMINISTRATOR, AND RN SUPERVISOR ON PROCESS AND FORM. ON 12-17-2012 THE ADMINISTRATOR ALSO TRAINED THE MAINTENANCE DIRECTOR, RISK MANAGER, HUMAN RESOURCES DIRECTOR, AND DIETARY MANAGER ON THE DINING COMPLIANCE CHECK LIST, HOW TO READ CERTIFIED NURSE AIDE CARE PLANS, AND PROVIDED COMPETENCY TESTING ON CERTIFIED NURSE AIDE CARE PLANS.</p> <p>THE ABOVE MENTIONED POSITIONS WILL MONITOR A MEAL TIME ONE TIME A DAY X 3 WEEKS. ON 12-17-2012 A SCHEDULE FOR MONITORING WAS DEVELOPED BY THE RISK MANAGER AND GIVEN TO THE ABOVE MENTIONED POSITIONS. THE DINING CHECK OFF LIST WAS DEVELOPED BY THE DIRECTOR OF CLINICAL OPERATIONS, ADMINISTRATOR AND RISK MANAGER. IT INCLUDES OBSERVING MEAL, SUPPORTS PROVIDED TO RESIDENTS/ ACTIONS TAKEN BY STAFF, AND THAT POLICY AND PROCEDURE IS BEING FOLLOWED. IF ANY SAFETY/DANGER OF BURN RISKS ARE IDENTIFIED BY MONITORING THEY WILL BE REPORTED TO ADMINISTRATIVE NURSING OR CHARGE NURSE IF ADMINISTRATIVE NURSING IS NOT AVAILABLE. IF A NURSE IS NOT AVAILABLE TO IMMEDIATELY GO ASSESS FOR POSSIBLE FURTHER INTERVENTIONS THE HOT LIQUID SHOULD BE REMOVED UNTIL ASSESSMENT OF SITUATION.</p>		

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F 323	<p>Continued From page 15 off, before being served to any resident.</p> <p>3. A record review revealed the facility admitted Resident #5 on 11/03/10 with diagnoses to include Atrial Fibrillation, Alzheimer's Dementia, a History of falls with injury, Severe Protein Calorie Malnutrition. Review of the record revealed the resident had experienced a first-degree burn, on 07/27/12 to his/her left upper arm with minimal redness, related to a coffee spill, while in activities. A review of the quarterly MDS assessment, dated 09/27/12, revealed the resident required extensive assistance with eating. A review of the ADL care plan for Resident #5, dated 12/09/12, revealed an intervention of providing assistance with meals as needed. An intervention for a magic cup daily for lunch and supper and lid for hot beverages was added to the care plan, on 01/12/12. However, the potential for skin impairment care plan, dated 12/09/12, did not mention the burn, nor did the care plan reveal intervention for treatment or the amount of assistance the resident required with hot beverages.</p> <p>An observation of Resident #5, on 12/13/12 at 5:15 PM, in the dining room during the evening meal, revealed he/she was eating independently after the meal tray was set up. The tray had milk and juice on it, but there were no hot beverages noted. An interview with the resident was attempted on 12/12/12 at 5:15 PM, the resident was unable to state her name and appeared to be confused.</p> <p>4. A record review revealed the facility admitted Resident #4 on 10/11/02 with diagnoses to include Dehydration, a History of Multi-infarct</p>	F 323	<p>IF INDICATED, THE COMPREHENSIVE CARE PLAN AND CERTIFIED NURSE AIDE CARE PLAN SHOULD BE REVIEWED FOR ANY CHANGES.</p> <p>TRAINING WAS PROVIDED TO REGISTERED NURSES AND LICENSED PRACTICAL NURSES ON 12-15-2012 BY THE DIRECTOR OF NURSING ON ASSESSMENT DEPARTMENT HEADS WERE PROVIDED TRAINING ON MONITORING BY THE ADM</p> <p>ON 12-17-2012 AND 12-18-2012. CHARGE NURSES (RN/LPN) WERE TRAINED ON ADDRESSING ISSUES IDENTIFIED BY MONITORING ON 12-15-2012, AND 1-3-2013. TRAINING WAS COMPLETED BY THE ADMINISTRATOR AND DIRECTOR OF NURSING. A COPY OF THE COMPLETED DINING CHECKLIST SHOULD BE GIVEN TO DIRECTOR OF NURSING, ADMINISTRATOR, AND RISK MANAGER.</p> <p>DINING CHECK OFF LISTS WILL BE REVIEWED BY THE RISK MANAGER AND THE RISK MANAGER WILL DOCUMENT ON THE FORM FOLLOW UP TAKEN AND RESOLUTION TO THE ISSUE PRESENTED. THIS WILL BE IMPLEMENTED ON 1/7/2013. DINING FORMS WILL BE REVIEWED IN THE QUALITY ASSURANCE MEETING THAT WILL OCCUR EVERY OTHER MONTH, AND THE QUALITY ASSURANCE MEETING WILL BE CHAIRED BY THE RISK MANAGER.</p> <p>ADMINISTRATIVE NURSING WAS TRAINED ON EXPECTATIONS OF REVIEWING THE CERTIFIED NURSE AIDE CARE PLAN, AND THE COMPREHENSIVE CARE PLAN FOR NEEDED ADDITIONAL SUPPORTS (FOR HOT LIQUIDS) ON 12-18-2012 AND 12-19-2012. THIS WAS COMPLETED BY THE ADMINISTRATOR. CRITERIA #4</p> <p>THE FACILITY PLANS TO MONITOR ITS PERFORMANCE BY THE DEPARTMENT HEADS</p>		

16.

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F 323	Continued From page 16 Heart Attacks, and a Seizure Disorder. A review of the annual MDS, dated 10/02/12, revealed the resident was severely cognitively impaired and totally dependent on staff for all care needs and required the limited assistance of one staff member for meals. A review of the nursing notes, dated 12/04/12, revealed the resident was observed by staff having seizure activity on 12/04/12. Further review of the nurses notes revealed, the resident had a "hot cup of coffee, when the seizure began and the coffee was spilled." The resident sustained reddened areas to the left forearm, measuring 4.5 centimeters (cm) by 7 cm and an area of 4 cm by 9.9 cm. A review of the physician's order, dated 12/04/12, revealed the resident was to have a "cup with a lid when given hot fluids." An interview with the Administrator, on 12/12/12 at 11:12 AM, revealed the causative factor for the resident's burns was the resident's seizure activity. Further interview with the Administrator on 12/11/12 at 5:36 PM revealed the facility currently did not assess the residents for the safe use of hot beverages.	F 323	COMPLETING THE DINING CHECK LIST ONE MEAL A DAY X3 WEEKS. A SCHEDULE WAS DEVELOPED BY THE RISK MANAGER ON 12-17-2012. AFTER THE THREE WEEKS THE ABOVE MENTIONED POSITIONS WILL MONITOR 3 MEALS A WEEK FOR THE NEXT QUARTER. AFTER TIME PERIOD IS COMPLETED MONITORING WILL OCCUR ONE TIME A WEEK FOR NEXT 12 MONTHS BY THE DEPARTMENT HEADS. THEY WILL BE ACTIONS TAKEN BY STAFF, AND ENSURING THAT POLICY AND PROCEDURE ARE BEING FOLLOWED, IF ANY SAFETY/ DANGER OF BURN RISKS ARE IDENTIFIED BY MONITORING THEY WILL BE REPORTED TO ADMINISTRATIVE NURSING OR CHARGE NURSE IF ADMINISTRATIVE NURSING IS NOT AVAILABLE. IF A NURSE IS NOT AVAILABLE TO IMMEDIATELY GO ASSESS FOR POSSIBLE FURTHER INTERVENTIONS THE HOT LIQUID SHOULD BE REMOVED UNTIL ASSESSMENT OF SITUATION. WHEN AN ISSUES IS IDENTIFIED, VIA MONITORING A REVIEW OF THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLAN SHOULD BE COMPLETED IF INDICATED.	
F 490 SS=G	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced	F 490	TRAINING WAS PROVIDED TO REGISTERED NURSES AND LICENSED PRACTICAL NURSES ON EVALUATIONS 12-15-2012 BY THE DIRECTOR OF NURSING. THE DEPARTMENT HEADS WERE PROVIDED TRAINING ON MONITORING BY THE ADMINISTRATOR ON 12-17-2012 AND 12-18-2012. A COPY OF THE COMPLETED DINING CHECKLIST SHOULD BE GIVEN TO DIRECTOR OF NURSING, ADMINISTRATOR, AND RISK MANAGER. TRAINING WAS PROVIDED TO THE DEPARTMENT HEADS ON 12-17-2012 BY THE ADMINISTRATOR. THEY INCLUDE THE DIRECTOR OF NURSING, ASSISTANT DIRECTOR OF NURSING, RISK MANAGER, BUSINESS OFFICE MANAGER, DIETARY MANAGER, ACTIVITIES DIRECTOR, RN SUPERVISOR, AND MEDICAL RECORDS DIRECTOR.	

17.

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F 490	<p>Continued From page 17</p> <p>by:</p> <p>Based on observation, interview, review of the facility's policy/procedure, it was determined the facility failed to be administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental and psychosocial well-being. The Administrator failed to ensure the facility had assessed the causative factors for burns sustained by four residents (#1, #3, #4 and #5), in the selected sample of six residents, who received burns from a hot beverage. The Administrator failed to take action and have methods put into place to decrease the temperature of the hot beverages, and assess residents for the safe use of hot beverages, prior to other residents being affected.</p> <p>Findings include:</p> <p>A review of the facility's policy/procedure, "Minimum Temperatures at the Point of Service to the Resident," dated 07/30/08, revealed coffee, tea, broth or hot beverages were to be served at a temperature greater than 150 degrees F" and stated "these beverages have a fast temperature drop."</p> <p>Record review and interview revealed Residents #3 and #5 sustained burns on 07/27/12 from hot coffee. There was no documented evidence the residents were assessed for the safe use of hot beverages and Resident #3 was burned again on 08/14/12. Resident #4 sustained a burn on 12/04/12 from a hot coffee spill which occurred during a seizure. On 12/06/12, Resident #1 sustained second degree burns from a coffee spill from coffee which was reheated in the</p>	F 490	<p>DINING CHECK OFF LISTS WILL BE REVIEWED BY THE RISK MANAGER AND THE RISK MANAGER WILL DOCUMENT ON THE FORM FOLLOW UP TAKEN AND RESOLUTION TO THE ISSUE PRESENTED. THIS WILL BE EFFECTIVE 1/7/2013. DINING FORMS WILL BE REVIEWED IN THE QUALITY ASSURANCE MEETING THAT WILL OCCUR EVERY OTHER MONTH, AND THE QUALITY ASSURANCE MEETING WILL BE CHAIRED BY THE RISK MANAGER. THE NEXT QUALITY ASSURANCE MEETING IS SCHEDULED FOR THIS MONTH. ADMINISTRATIVE NURSING WAS TRAINED ON EXPECTATIONS OF REVIEWING THE CERTIFIED NURSE AIDE CARE PLAN, AND THE COMPREHENSIVE CARE PLAN FOR NEEDED ADDITIONAL SUPPORTS FOR HOT HOT LIQUIDS ON 12-18-2012 AND 12-19-2012. THIS WAS COMPLETED BY THE ADMINISTRATOR. ADMINISTRATIVE NURSING WILL ALSO COMPLETE A CERTIFIED NURSE AIDE CARE PLAN AUDIT AND COMPREHENSIVE CARE PLAN AUDIT IN REFERENCE TO SUPPORTS FOR HOT LIQUIDS EVERY QUARTER.</p>	CRITERIA # 5 : 1/8/2013 WILL BE FIRST FULL DAY OF COMPLIANCE.

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F 490	<p>Continued From page 18 microwave.</p> <p>An interview with the Administrator, on 12/11/12 at 5:35 PM and on 12/12/12 at 11:05 AM, revealed the initial action to the residents' coffee burns was to "assure assistance with coffee" and provide a lid for the coffee cup. The Administrator revealed an investigation of Resident #1's second degree burns, caused by spilled coffee that was re-heated in the microwave, had not been completed. Per interview, the Administrative Action was to review reports made by the Incident Review Committee (IRC) and to speak with the Nurse Aide (NA) about not heating coffee in the microwave. The intervention proposed for Resident #1 was to ensure the resident did not drink coffee in bed. Further interview with the Administrator revealed the Dietary Manager confirmed temperatures were appropriate when coffee left the kitchen, and the policy in place revealed the temperatures for hot coffee had to be "greater than 150 degrees Fahrenheit (F)". Per interview, the food supplier was not called to the facility, until 12/10/12. At that time, the temperature of the coffee pot was decreased from 195 degrees F to 160 degrees F. However, no further action was taken to ensure the safety of residents with hot beverages.</p> <p>An interview with the Dietician, on 12/13/12 at 4:47 PM, revealed she was unaware of the residents receiving burns from hot beverages "until a couple of days ago," when the Dietary Manager called and stated Resident #1 was in the hospital related to a burn. The Dietician was unaware of three other residents who received burns and had not attended a QA Meeting</p>	F 490	<p>F323 CRITERIA #1 RESIDENT #1 NO LONGER RESIDES AT THE FACILITY. ON 12-6-2012 THE MD WAS CONTACTED BY PHONE AND ORDERS WERE RECEIVED FOR SILVADINE CREAM. THE CREAM WAS PICKED UP FROM PHARMACY BY THE -ADON, UPON OPENING FOR BUSINESS, POA WAS ALSO NOTIFIED OF THE INCIDENT BY THE RN SUPERVISOR. THE RESIDENT WAS ADMINISTERED A LORTAB FOR PAIN. INTERVENTION MARKED ON COMPREHENSIVE CARE PLAN WAS FOR RESIDENT NOT TO DRINK COFFEE IN BED. THE ADMINISTRATOR SPOKE WITH DIETARY MANAGER ON 12-6-2012 AND COFFEE WAS WITHIN APPROPRIATE TEMPERATURES WHEN IT CAME FROM DIETARY DEPARTMENT. DIRECTOR OF NURSING SPOKE WITH NURSE AIDE FOLLOWING THE INCIDENT ON 12-6-2012. SHE REPORTED THAT RESIDENT #1 ASKED HER TO HEAT THE COFFEE, DUE TO IT BEING TO COLD. SHE STATED THAT SHE DID NOT MEAN TO HURT HER OR DO ANYTHING WRONG. NURSE AIDE WAS PROVIDED WITH A GENERAL PERFORMANCE NOTE IN HER PERSONNEL FILE BY THE DIRECTOR OF NURSING ON 12-6-2012. ON 12-7-2012 GUARDIAN/SON REQUESTED THE RESIDENT BE SEEN BY RESIDENT #1'S PHYSICIAN. THE FACILITY ARRANGED AND TRANSPORTED RESIDENT #1 TO THE PHYSICIAN. RESIDENT RETURNED TO FACILITY ON 12-7-2012 FROM PHYSICIAN'S OFFICE. ON 12-8-2012 GUARDIAN/SON REQUESTED THAT RESIDENT BE SEEN</p>	

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F 490	Continued From page 19 regarding this issue, stating she was only contracted to visit the facility two times a month.	F 490	AT LOURDES HOSPITAL. RESIDENT #1 WAS ADMITTED TO HOSPITAL AND NEVER RETURNED TO FACILITY. ON 12-6-2012 AN INTERVENTION TO PROVIDE A LID FOR HOT BEVERAGES WAS ALSO IMPLEMENTED. PER GUARDIAN, RESIDENT #1 IS CURRENTLY AT ANOTHER FACILITY.	
F 520 SS=G	<p>An interview with the Medical Director on 12/13/12 at 1:40 PM, revealed he was made aware of the burns "two minutes ago," per a phone call and did not recall ever being contacted or made aware of the burns, or about having a discussion regarding these issues during the QA meetings. The Medical Director stated he would have expected the facility to contact him.</p> <p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p>	F 520	<p>RESIDENT #3 DID OBTAIN A BURN FROM HOT COFFEE ON 7/27/2012. THE COMPREHENSIVE CARE PLAN INTERVENTION PUT INTO PLACE ON 7/27/2012 WAS A CUP WITH LID TO BE PROVIDED TO RESIDENT. ON 8/14/2012 RESIDENT RECEIVED ANOTHER BURN FROM COFFEE. THE CARE PLAN INTERVENTION WAS FOR THERAPY TO SCREEN. SPEECH THERAPY HAD RESIDENT #3 ON CASELOAD AT THE TIME OF INCIDENT. SPEECH THERAPY NOTIFIED NURSING THAT RESIDENT #3 IS BEST TO USE REGULAR KITCHEN INSULATED CUPS WITHOUT LID, AND TO COOL COFFEE DOWN WITH WATER OR ICE CUBE TO A TEMP THAT CANNOT BURN PRIOR TO GIVING TO THE RESIDENT. RESIDENT #3 IS TO BE PROVIDED A TABLE TO SIT CUP ON, WHILE NOT ACTIVELY DRINKING. ON 7-29-2012 A BUSTER DEVELOPED ON RESIDENT #3'S WRIST AND RESIDENT WAS REFERRED TO VOOHRA WOUND CARE FOR TREATMENT AND CARE. THE ABOVE MENTIONED INTERVENTIONS WERE DOCUMENTED ON THE</p>	

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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
F 520	<p>Continued From page 20</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, review of event reports, and review of the facility's policy/procedure, it was determined the facility failed to identify issues, develop, and implement appropriate plans of action to correct identified quality deficiencies, related to burns sustained from hot beverages. Resident #3, Resident #4 and Resident #5 received first degree burns from hot coffee spills that were not re-heated in the microwave. Resident #3 and Resident #5 received first degree burns on 07/27/12. Resident #3 was burned again on 08/14/12. Resident #4 received burns from coffee spilled during a seizure, on 12/04/12. Resident #1 was burned from coffee re-heated in the microwave, on 12/06/12, and received second degree burns and required hospitalization.</p> <p>Findings include:</p> <p>A review of the undated facility's policy and procedure, "Continuous Quality Improvement Program," revealed it was the policy of the organization to collect data about all aspects of care and services through the use of quality indicator tools to monitor and assess regularly to determine whether desired outcomes have been reached. In addition, information obtained from other sources assists in identifying areas that may need to be improved upon. Sources may include satisfaction surveys, regulatory surveys, consultant reports, internal audits, or resident council concerns. The focus of the program was</p>	F 520	<p>COMPREHENSIVE CARE PLAN AND CERTIFIED NURSE AIDE CARE PLAN AS INDICATED. ON 10-10-2012 THE COMPREHENSIVE CARE PLAN WAS ADDED TO "NEEDS ASSIST WITH FEEDING." NO FURTHER BURNS HAVE OCCURED. RESIDENT IS NO LONGER PROVIDED WITH THE INTERVENTION ON THE COMPREHENSIVE CARE PLAN OR CERTIFIED NURSE AIDE CARE PLAN FOR ADDING WATER ICE OR WATER TO HOT BEVERAGES, DUE TO BEING ON AN ALTERED DIET. ON 12-13-2012 A HOT LIQUIDS SAFETY EVALUATION WAS COMPLETED BY ADMINISTRATIVE NURSING. RISK SCORE IDENTIFIED WAS 30 (MODERATE). THE COMPREHENSIVE CAREPLAN WAS REVIEWED BY THE DIRECTOR OF NURSING ON 12-15-2012. INTERVENTIONS PROVIDED ON THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLAN WERE AS FOLLOWS FOR RESIDENT #3: RESIDENT WILL WEAR OF CLOTHING PROTECTOR WHILE INGESTING HOT LIQUIDS, KEEP HOT LIQUIDS AWAY FROM EDGE OF TABLE IN RESIDENT'S LINE OF SIGHT, RESIDENT PROVIDED A CUP WITH LARGE HANDLE, DO NOT OVERFILL HOT LIQUIDS, THERAPY TO EVAL AND TREAT IF INDICATED, RESIDENT #3'S</p>	

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F 520	<p>Continued From page 21</p> <p>to strive to continually improve the delivery of care and services to residents, involve various departments and address key facility practices. The committee was composed of the Administrator, Director for Nursing (DON) consolation of the Medical Director or designee and various department representatives. The committee meets at least quarterly, reviews and analyses quality control data and if a problem or a potential problem, a plan of correction may be implemented.</p> <p>A review of the Event Reports for Residents #1, #3, #4, and #5 revealed various causative factors for the burns, including seizure activity, spilling coffee on himself/herself, turning slippy cups upside down and the resident requesting the coffee be warmed. However, the reports failed to determine the root cause of the burns. Interventions were providing lids for cups and assuring assistance with coffee and ensuring residents were not drinking coffee in bed. The facility did not ensure the temperature of the coffee was decreased, until 12/10/12, and did not provide evidence the Medical Director and the Dietician were involved in the QA process or that effective solutions were put into place, monitored, and re-evaluated to ensure a re-occurrence of burns would not take place.</p> <p>An interview with the Dietician, on 12/13/12 at 4:47 PM, revealed she was unaware of the residents receiving burns from hot beverages "until a couple of days ago". Per interview, she did not attend a QA Meeting regarding this issue, stating she was only contracted to visit the facility two times a month.</p>	F 520	<p>COMPREHENSIVE CARE PLAN ALSO STATES TO DISCOURAGE LOCOMOTION WITH HOT LIQUIDS, ALLOW TIME FOR LIQUIDS TO COOL, AND STAFF TO FEED RESIDENT. RESIDENT #3 IS CARE PLANNED TO BE EVALUATED BY HOI LIQUIDS SAFETY EVALUATION QUARTERLY/ ANNUALLY, AND PRN (AS NEEDED). THIS EVALUATION WILL BE COMPLETED BY ADMINISTRATIVE NURSING. THE CERTIFIED NURSE AIDE CARE PLAN WAS REVIEWED AND ADDED BY ADMINISTRATIVE NURSING ON 12-15-2012. ADMINISTRATIVE NURSING REFERS TO DIRECTOR OF NURSING ASSISTANT DIRECTOR OF NURSING, AND RN SUPERVISOR.</p> <p>RESIDENT #4 RECEIVED A BURN ON 12-4-2012 FROM COFFEE WHILE HAVING A SUSPECTED SEIZURE. THE INTERVENTION ADDED TO THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLAN WAS FOR RESIDENT TO HAVE CUP WITH LID. INTERVENTION WAS AND IS EFFECTIVE. NO FURTHER BURNS HAVE OCCURED FOR THIS RESIDENT. ON 12-13-2012 A HOT LIQUID SAFETY EVALUATION WAS COMPLETED BY ADMINISTRATIVE NURSING. RESIDENT #4 RISK SCORE WAS ASSESSED AT 15, WHICH IS LOW. THE COMPREHENSIVE CARE PLAN WAS REVIEWED BY THE ASSISTANT DIRECTOR OF NURSING ON 12-15-2012 FOR RESIDENT #4.</p>	

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F 520	<p>Continued From page 22</p> <p>An interview with the Dietary Manager (DM) on 12/12/12 at 2:08 PM, revealed there was no policy on taking temperatures for hot liquids, except the one stating it had to be over 150 degrees F. This policy on hot liquids had been in effect "every since I came to work here in October 2011." The DM stated the policy was not changed and the temperatures dropped on the coffee pot until 12/10/12. When asked if the QA team discussed the hot liquids with the Dietary staff, the DM stated "they were told not to fill the cups too full, they would be way too heavy and to put a cube of ice in all cups and to use a cup with a lid on a couple of residents."</p> <p>An interview with the Medical Director on 12/13/12 at 1:40 PM, revealed he was made aware of the burns "two minutes ago," per a phone call and did not recall ever being contacted or made aware of the burns, or about having a discussion regarding these issues during the QA meetings. The last QA meeting occurred two months ago "and nothing was said about any burns. He also stated he would have expected the facility to have contacted him, regarding these issues.</p> <p>An interview with the Administrator on 12/11/12 at 5:36 PM revealed she was in the process of finding an assessment form to utilize for resident's regarding hot beverages. Per interview, there was no policy to state coffee was not to be re-warmed in the microwave, only a policy that the delivery temperature of the coffee was to be over 150 degrees Fahrenheit F. The Administrator stated the last QA meeting was held 12/10/12; however, burns were not discussed.</p>	F 520	<p>INTERVENTIONS FOR RESIDENT #4 WERE TO INCLUDE RESIDENT WILL CONSUME HOT BEVERAGES WITH A CUP WITH A LID, RESIDENT WILL WEAR CLOTHING PROTECTOR WHILE INGESTING HOT LIQUIDS, KEEP HOT LIQUIDS AWAY FROM EDGE OF TABLE, KEEP HOT LIQUIDS IN RESIDENT'S LINE OF SIGHT ON DOMINANT SIDE, DO NOT OVERFILL HOT LIQUIDS, THERAPY TO TREAT/EVAL AS NEEDED, AND TO ALLOW TIME FOR HOT LIQUIDS TO COOL. RESIDENT #4 WILL BE ASSESSED BY ADMINISTRATIVE NURSING UTILIZING THE HOT LIQUIDS SAFETY EVALUATION QUARTERLY/ANNUALLY, AND PRN. RESIDENT #4'S CERTIFIED NURSE AIDE CARE PLAN WAS REVIEWED AND ADDED ON 12-16-2012 BY ADMINISTRATIVE NURSING.</p> <p>RESIDENT #5 OBTAINED A BURN ON 7/27/2012 WHILE DRINKING COFFEE. INTERVENTION PROVIDED ON THE COMPREHENSIVE CARE PLAN WAS TO PROVIDE LID WITH HOT BEVERAGES. NO FURTHER INCIDENTS HAVE OCCURED. ON 12-13-2012 ADMINISTRATIVE NURSING COMPLETED A HOT LIQUIDS SAFETY EVALUATION FOR RESIDENT #5. RISK SCORE WAS AT 15 (LOW). THE COMPREHENSIVE CARE PLAN WAS REVIEWED AND ADDED ON 12-15-2012, INTERVENTIONS THAT ARE INDICATED</p>	

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			<p>ON THE COMPREHENSIVE CARE PLAN/ CERTIFIED NURSE AIDE CARE PLAN (IF INDICATED) ARE TO INCLUDE: RESIDENT WILL WEAR CLOTHING PROTECTOR WHILE INGESTING HOT LIQUIDS, OT TO EVAL/TREAT AS INDICATED, RESIDENT WILL BE SEATED AT TABLE WHEN GIVEN HOT LIQUIDS, DISCOURAGE LOCOMOTING WITH HOT LIQUIDS, KEEP HOT LIQUIDS AWAY FROM EDGE OF TABLE IN LINE OF SIGHT ON DOMINANT SIDE, DO NOT OVER FILL LIQUIDS, RESIDENT TO HAVE CUP WITH LID FOR HOT BEVERAGES, AND ALLOW TIME TO COOL. THE CERTIFIED NURSE AIDE CARE PLAN WAS REVIEWED AND ADDED BY ADMINISTRATIVE NURSING ON 12/15/2012.</p> <p>CRITERIA #2 FOR PURPOSE OF THIS DOCUMENT ADMINISTRATIVE NURSING REFERS TO DIRECTOR OF NURSING, ASSISTANT DIRECTOR OF NURSING, AND RN SUPERVISOR. IN ORDER TO IDENTIFY OTHER RESIDENTS THAT WOULD BE AFFECTED BY THE SAME DEFICIENT PRACTICE ADMINISTRATIVE NURSING COMPLETED A HOT LIQUIDS SAFETY EVALUATION FOR ALL RESIDENTS AT RIVERS BEND. THIS WAS COMPLETED ON 12-13-2012 FOR ALL RESIDENTS BY ADMINISTRATIVE NURSING. ON 12-15-2012 THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLANS WERE REVIEWED AND ADDED BY ADMINISTRATIVE NURSING. ADDITIONAL SUPPORTS</p>		

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42058	
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			<p>IN REGARDS TO HOT LIQUID SAFETY WERE ADDED TO THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLANS (AS INDICATED) PER ASSESSMENT ON 12/16/2012 BY ADMINISTRATIVE NURSING. AS STATED ABOVE, ALL IN HOUSE RESIDENTS WERE ASSESSED BY ADMINISTRATIVE NURSING FOR HOT LIQUIDS SAFETY. REASSESSMENT OF HOT LIQUIDS SAFETY OF CURRENT RESIDENTS WILL OCCUR QUARTERLY/ANNUALLY, AND PRN (AS NEEDED). ADMINISTRATIVE NURSING WILL BE RESPONSIBLE FOR COMPLETING THESE ASSESSMENTS AND ENSURING THAT ANY ADDITIONAL SUPPORTS ARE ADDED TO THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLANS. AS INDICATED UPON ASSESSMENT. RESIDENTS THAT ARE ADMITTED TO RIVER'S BEND RETIREMENT COMMUNITY WILL BE PROVIDED A HOT LIQUID SAFETY EVALUATION WILL BE COMPLETED UPON ADMISSION, QUARTERLY, AND PRN (AS NEEDED). THIS WILL BE COMPLETED BY ADMINISTRATIVE NURSING. ADMINISTRATIVE NURSING WAS PROVIDED TRAINING ON THIS EXPECTATION ON 12-13-2012 BY THE DIRECTOR OF NURSING AND THE ADMINISTRATOR. CHARGE NURSES (RN AND LPN) WERE PROVIDED TRAINING BY THE DIRECTOR OF NURSING AND ADMINISTRATOR ON THE HOT LIQUIDS SAFETY</p>	

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			<p>EVALUATION AND ON ENSURING THAT ANY HOT LIQUIDS RISKS THAT ARE IDENTIFIED ARE TO BE ADDRESSED IMMEDIATELY. THIS WAS COMPLETED ON 12/15/2012 AND 1/3/2013. THE REGISTERED NURSES AND LICENSED NURSES WERE ALSO TRAINED THAT ALL APPROACHES AND INTERVENTIONS ARE TO BE ADDRESSED ON THE COMPREHENSIVE CARE PLAN AND CERTIFIED NURSE AIDE CARE PLAN (AS INDICATED). ADMINISTRATIVE NURSING WAS TRAINED ON THIS EXPECTATION ON 12-13-2012 BY THE ADMINISTRATOR/DIRECTOR OF NURSING. ON 12-13-2012 ADMINISTRATIVE NURSING WERE TRAINED BY DIRECTOR OF NURSING AND ADMINISTRATOR ON THE TOO HOT LIQUIDS POLICY, HOT LIQUIDS ASSESSMENT, ADDENDING CARE PLANS WITH APPROPRIATE SUPPORTS REGARDING HOT LIQUIDS. RISK CATEGORIES OF ASSESSMENT AND ADDRESSING CONCERNS THAT COULD RESULT IN A BURN IMMEDIATELY. ON 12-13-2012, 12-14-2012, AND 12-15-2012 THE DIRECTOR OF NURSING INSERVED REGISTERED NURSES, LICENSED NURSES, CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, AND NURSE AIDES (THESE STAFF WILL BE REFERRED AS NURSING STAFF FOR PURPOSES OF THIS DOCUMENT) ON NEVER REHEATING ITEMS, AND THAT ALL ITEMS THAT NEED TO BE REHEATED MUST COME FROM THE DIETARY DEPARTMENT. NURSING STAFF WERE ALSO TRAINED ON INTERVENTION CATEGORIES BASED ON HOT LIQUID</p>		

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			<p>SAFETY EVALUATIONS, AND READING AND FOLLOWING THE CERTIFIED NURSE AIDE CARE PLANS/ COMPREHENSIVE CARE PLANS. NURSING STAFF WERE INSTRUCTED ON 12-13-2012, 12-14-2012, AND 12-15-2012 THAT INTERVENTIONS FOR EACH RESIDENT IN RELATION TO HOT LIQUIDS WOULD BE MARKED ON THE CERTIFIED NURSE AIDE CARE PLAN AND COMPREHENSIVE CARE PLAN. THE CERTIFIED NURSE AIDE CARE PLAN PERTAINS TO DIRECT CARE THAT CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, AND NURSE AIDES WOULD PROVIDE FOR THE RESIDENTS. THE POLICY FOR TO LIMIT HOT BEVERAGES RISK FACTORS WAS TRAINED BY DIRECTOR OF NURSING ON 12-13-2012, 12-14-2012, AND 12-15-2012 TO NURSING DEPARTMENT STAFF. A STAFF COMPETENCY TEST ON HOT LIQUIDS SAFETY WAS PROVIDED TO DEPARTMENT HEADS, REGISTERED NURSES, LICENSED NURSES, CERTIFIED MEDICATION TECHS, CERTIFIED NURSE AIDES, AND NURSE AIDES ON 12-13-2012, 12-14-2012, AND 12-15-2012. THIS WAS COMPLETED BY THE DIRECTOR OF NURSING AND ADMINISTRATOR. THE MEDICAL RECORDS DIRECTOR, BUSINESS OFFICE MANAGER, AND ASSISTANT ADMINISTRATOR ALSO COMPLETED AN AUDIT OF THE CERTIFIED NURSE AIDE CARE PLANS AND THE COMPREHENSIVE CARE PLANS TO ENSURE SUPPORTS ARE INDICATED ON BOTH DOCUMENTS IN RELATION TO HOT LIQUIDS ON 12-15-2012. THE MEDICAL RECORDS DIRECTOR, BUSINESS OFFICE MANAGER, AND ASSISTANT ADMINISTRATOR ON 12-15-2012 WERE TRAINED BY THE RISK MANAGER ON HOW TO COMPLETE</p>		

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			<p>THESE REVIEWS, THE DIRECTOR OF NURSING ALSO REVIEWED COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLANS ON 12-15-2012 FOR ACCURACY.</p> <p>12-19-12 12-21-12</p> <p>ON 12-19-2012 AND 12-20-2012, DIETARY STAFF, DEPARTMENT HEADS, REGISTERED NURSES, LICENSED NURSES, CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, AND NURSE AIDES WERE ALSO PROVIDED A COMPETENCY TEST ON BEING ABLE TO IDENTIFY SUPPORTS BEING PROVIDED ON A CERTIFIED NURSE AIDE CARE PLAN. THE TRAINING WAS PROVIDED BY THE ASSISTANT ADMINISTRATOR, ADMINISTRATOR, AND DIRECTOR OF NURSING. AN EXAMPLE OF A CERTIFIED NURSE AIDE CARE PLAN WAS PROVIDED AND THE ABOVE MENTIONED STAFF WERE ASKED TO IDENTIFY SUPPORTS ON THE CERTIFIED NURSE AIDE CARE PLAN. THE QUIZ THAT WAS ADMINISTERED DEMONSTRATED PROFICIENCY AT BEING ABLE TO IDENTIFY SUPPORTS. ANSWERS TO THE QUIZ WERE REVIEWED AS A GROUP TO ENSURE UNDERSTANDING// PROFICIENCY CRITERIA #3:</p> <p>ON 12-10-2012 THE DIETARY MANAGER INSERVICED DIETARY STAFF THAT DIETARY STAFF ARE THE ONLY INDIVIDUALS THAT CAN PREPARE HOT BEVERAGES, THAT THE DATE, TIME, ACTIVITY, TEMPERATURE, AND INITIALS ARE TO BE FILLED OUT ON THE HOT BEVERAGES FORM. ON 12-14-2012 THE DIETARY MANAGER INSERVICED DIETARY STAFF ON HOT BEVERAGE GUIDELINES, AND RECORDING TEMPERATURES. ON 12-18-2012 THE ADMINISTRATOR INSERVICED THE DIETARY MANAGER/DIETARY STAFF ON HOW TO READ CERTIFIED NURSE AIDE CARE PLANS, WHICH INCLUDED THE CERTIFIED NURSE AID COMPETENCY TEST. THE COMPETENCY</p>		

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			<p>TEST WAS REVIEWED AS A GROUP TO ENSURE UNDERSTANDING AND PROFICIENCY. THE ADMINISTRATOR ALSO REVIEWED WITH DIETARY MANAGER/STAFF THAT TEMPERATURE SHE BE TAKEN ON ALL FOODS THE TOO LIMIT HOT BEVERAGE RISKS POLICY AND RISK CATEGORIES BASED OFF THE HOT LIQUIDS SAFETY EVALUATION. ON 12/11/2012 THE DIETARY MANAGER ALSO INSERVED DIETARY STAFF ON POINT OF SERVICE TEMPERATURE POLICY. ON 12/11/2012 THE BUISNESS OFFICE MANAGER, MEDICAL RECORDS DIRECTOR, DIRECTOR OF NURSING, HUMAN RESOURCES DIRECTOR, RN SUPERVISOR, ASSISTANT DIRECTOR OF NURSING, SOCIAL SERVICES DIRECTOR, DIETARY MANAGER, ACTIVITIES DIRECTOR, RISK MANAGER, MAINTENANCE DIRECTOR, AND ASSISTANT ADMINISTRATOR (DEPARTMENT HEADS) WERE INSERVED ON POINT OF SERVICE TEMPERATURE POLICY BY THE ADMINISTRATOR.</p> <p>IN ORDER TO IMPLEMENT INTERVENTIONS CONSISTENT WITH RESIDENTS' NEEDS PER PLAN OF CARE RIVER'S BEND RETIREMENT COMMUNITY IMPLEMENTED THE USE OF A HOT LIQUIDS ASSESSMENT. A PROTOCOL OF INTERVENTION CATEGORIES WAS ALSO DEVELOPED BASED ON THE SCORING OF THE HOT LIQUIDS SAFETY EVALUATION. EACH RESIDENTS APPROACHES AND INTERVENTIONS ON THE COMPREHENSIVE CARE PLAN IS ALSO INDIVIDUALIZED BASED ON THE RESIDENT. THE INTERVENTION CATEGORIES ARE AS SUCH: LOW RISK-CLOTHING PROTECTOR, MODERATE RISK INTERVENTIONS-CLOTHING PROTECTOR AND RESIDENT MAY ONLY HAVE HOT LIQUIDS WHEN SEATED AT THE TABLE, HIGH RISK INTERVENTIONS-CLOTHING PROTECTOR, RESIDENT ONLY TO HAVE HOT LIQUIDS WHEN SEATED AT A TABLE, AND INDIVIDUAL PERSON CENTERED INTERVENTIONS FOR SPECIFIC NEEDS.</p>		

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			<p>THE FACILITY ALSO UTILIZES CERTIFIED NURSE AIDE CARE PLANS. INTERVENTIONS THAT THE CERTIFIED NURSE AIDES/NURSE AIDES WOULD PROVIDE IN RELATION TO HOT LIQUIDS WERE ADDED TO THE CERTIFIED NURSE AIDE CARE PLAN AS, PER RESIDENT NEED AND ASSESSMENT, BY ADMINISTRATIVE NURSING ON 12-16-2012. THE DIRECTOR OF NURSING PROVIDED TRAINING ON 12-13-2012, 12-14-2012, AND 12-15-2012 TO REGISTERED NURSES, LICENSED NURSES, CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, NURSE AIDES, THE RN SUPERVISOR, AND ASSISTANT DIRECTOR OF NURSING ON ALL HOT LIQUIDS MUST COME FROM KITCHEN, THAT CERTIFIED NURSE AIDE CARE PLANS MUST BE FOLLOWED, NURSING STAFF WERE TOLD WHERE TO FIND SUPPORTS ON CERTIFIED NURSE AIDE CARE PLANS (IN RELATION TO HOT LIQUIDS) THE TO LIMIT HOT BEVERAGE RISK POLICY WAS INSERVICED, STAFF WERE TRAINED NEVER TO REHEAT BEVERAGES, AND CATEGORIES OF THE HOT LIQUIDS SAFETY EVALUATION WERE REVIEWED WITH NURSING STAFF. THE DIRECTOR OF NURSING INSERVICED THE ASSISTANT DIRECTOR OF NURSING AND RN SUPERVISOR ON THE HOT LIQUIDS SAFETY EVALUATION AND ON HOW TO COMPLETE THE EVALUATION ON 12-13-2012. ADMINISTRATIVE NURSING CONSISTS OF RN SUPERVISOR, DIRECTOR OF NURSING, AND ASSISTANT DIRECTOR OF NURSING ON 12-19-2012 AND 12-20-2012, 12-21-12. NURSING STAFF WERE PROVIDED COMPETENCY TESTING ON BEING ABLE TO READ A CERTIFIED NURSE AIDE CARE PLAN BY THE DIRECTOR OF NURSING AND ADMINISTRATOR ON 12-19-2012 AND 12-20-2012, 12-21-12.</p>		

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			<p>TRAINING WAS PROVIDED TO NURSING STAFF BY THE DIRECTOR OF NURSING ON 12-13-2012, 12-14-2012, AND 12-15-2012 ON HOT LIQUID SAFETY THIS INCLUDED COMPETENCY TESTING. THE COMPETENCY TESTING INCLUDED QUESTIONS REGARDING HANDLING HOT LIQUIDS, STATEMENTS ABOUT HOT LIQUIDS, CHARACTERISTICS OF RESIDENTS AT RISK FOR SPILLING, REVIEWING PLAN OF CARE LEAVING A RESIDENT UNATTENDED WITH HOT LIQUIDS, TRUE OR FALSE STATEMENTS ABOUT TRANSPORTING A LIQUID DOWN THE HALL. THE TEST WAS PROVIDED AT DIFFERENT TRAINING SESSIONS BY THE DIRECTOR OF NURSING, ASSISTANT ADMINISTRATOR, AND ADMINISTRATOR. ON 12-13-2012, 12-14-2012, AND 12-15-2012 A HANDOUT WAS ALSO PROVIDED ON ACCIDENTAL HOT LIQUID SPILLS BY THE DIRECTOR OF NURSING, AND A HANDOUT ON INTERVENTION CATEGORIES WAS PROVIDED BY THE ADMINISTRATOR, DIRECTOR OF NURSING, AND ASSISTANT ADMINISTRATOR.</p> <p>THE DIETARY MANAGER ALSO CONTACTED GORDON FOOD SERVICES TECHNICIAN TO INSPECT COFFEE POT ON 12-6-2012. TECHNICIAN WAS PRESENT ON 12/7/2012. PER REPORT COFFEE POT READ 190 DEGREES, WHICH WAS WITHIN NORMAL LIMITS FOR BEST BREWING AND QUALITY. TECHNICIAN TURNED DOWN EQUIPMENT THERMOSTAT TO AN APPROXIMATE 160 DEGREES. THIS TEMPERATURE MEETS POINT OF SERVICE PROTOCOL OF THE FACILITY. THE COFFEE POT WAS REMOVED FROM NOURISHMENT ROOM, AND SO WAS THE MICROWAVE. ONLY THE KITCHEN WILL PROVIDE HOT LIQUIDS. ON 12/13/2012 THE DIETARY MANAGER COMPLETED A TRAY CARD AUDIT TO ENSURE ACCURACY OF PREFERENCES. NEW CARAFES WERE PURCHASED BY DIETARY TO USE DURING ACTIVITIES, THERAPY SESSIONS, ETC. TO ENSURE APPROPRIATE TRAINING ALL NURSING STAFF (RN/LPN)</p>		

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			<p>CERTIFIED MEDICATION TECHS, CERTIFIED NURSE AIDES, AND NURSE AIDES WILL NOT BE ALLOWED TO PROVIDED CARE UNTIL THEY HAVE WENT THROUGH THE ORIENTATION PROCESS, THE POLICY TO LIMIT HOT BEVERAGE RISK FACTORS WILL BE REVIEWED. A HANDOUT WILL ALSO BE PROVIDED TO THEM ON "ACCIDENTAL HOT LIQUID SPILLS," AND A COMPETENCY TEST WILL BE PROVIDED FOR HOT LIQUID SAFETY (AS DESCRIBED ABOVE). THE COMPETENCY TEST WILL ENSURE THAT EACH NURSING EMPLOYEE UNDERSTANDS THE RISKS ASSOCIATED WITH HOT LIQUIDS. THE TRAINING WILL BE COMPLETED DURING THE ORIENTATION PROCESS, BY ADMINISTRATIVE NURSING. ADMINISTRATIVE NURSING WILL ALSO PROVIDE TRAINING IN ORIENTATION ON ASSESSED INTERVENTION CATEGORIES (LOW, HIGH, AND MODERATE), AND WILL TRAIN EMPLOYEES TO LOCATE HOT LIQUIDS INTERVENTIONS ON THE CERTIFIED NURSE AIDE CARE PLAN. DURING THE ORIENTATION PROCESS THE ADMINISTRATIVE NURSING WILL ALSO PROVIDE A COMPETENCY TEST ON THE CERTIFIED NURSE AIDE CARE PLAN. TRAINING OF THE POLICY "TO LIMIT HOT BEVERAGE RISK FACTORS, RISK CATEGORIES FOR SAFETY WITH HOT LIQUIDS, AND A STAFF COMPETENCY TEST ON RESIDENT SAFETY WITH HOT LIQUIDS WILL BE PROVIDED TO QUARTERLY TO NURSING STAFF BY ADMINISTRATIVE NURSING. IN ORDER TO ENSURE THAT THE TRAINING IS COMPLETED ANNUALLY IT WILL BE MARKED ON THE FACILITY'S INSERVICE CALENDAR TO BE DONE QUARTERLY BY THE ADMINISTRATOR. THE ADMINISTRATOR COMPLETED THIS 1-2-13. THE FACILITY ALSO IMPLEMENTED A DINING CHECK OFF LIST ON 12/14/2012. THE DINING CHECK OFF LIST CORRESPONDS WITH THE "TOO LIMHOT BEVERAGES RISK" POLICY. PERSONS RESPONSIBLE FOR MONITORING INCLUDE THE ADMINISTRATOR,</p>		

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			<p>ASSISTANT ADMINISTRATOR, HUMAN RESOURCES DIRECTOR, MEDICAL RECORDS DIRECTOR, MAINTENANCE DIRECTOR, AND DIETARY MANAGER, DIRECTOR OF NURSING, ASSISTANT DIRECTOR OF NURSING, RN SUPERVISOR, AND RISK MANAGER. ON 12-14-2012 THE DIRECTOR OF CLINICAL OPERATIONS TRAINED THE BUSINESS OFFICE MANAGER, ACTIVITIES DIRECTOR, MEDICAL RECORDS DIRECTOR, SOCIAL SERVICES DIRECTOR, ADMINISTRATOR, DIRECTOR OF NURSING, ASSISTANT ADMINISTRATOR, AND RN SUPERVISOR ON PROCESS AND FORM ON 12-17-2012 THE ADMINISTRATOR ALSO TRAINED THE MAINTENANCE DIRECTOR, RISK MANAGER, HUMAN RESOURCES DIRECTOR, AND DIETARY MANAGER ON THE DINING COMPLIANCE CHECK LIST, HOW TO READ CERTIFIED NURSE AIDE CARE PLANS, AND PROVIDED COMPETENCY TESTING ON CERTIFIED NURSE AIDE CARE PLANS. THE ABOVE MENTIONED POSITIONS WILL MONITOR A MEAL TIME ONE TIME A DAY X 3 WEEKS. ON 12-17-2012 A SCHEDULE FOR MONITORING WAS DEVELOPED BY THE RISK MANAGER AND GIVEN TO THE ABOVE MENTIONED POSITIONS. THE DINING CHECK OFF LIST WAS DEVELOPED BY THE DIRECTOR OF CLINICAL OPERATIONS, ADMINISTRATOR AND RISK MANAGER. IT INCLUDES OBSERVING MEAL, SUPPORTS PROVIDED TO RESIDENTS/ ACTIONS TAKEN BY STAFF, AND THAT POLICY AND PROCEDURE IS BEING FOLLOWED. IF ANY SAFETY/DANGER OF BURN RISKS ARE IDENTIFIED BY MONITORING THEY WILL BE REPORTED TO ADMINISTRATIVE NURSING OR CHARGE NURSE IF ADMINISTRATIVE NURSING IS NOT AVAILABLE. IF A NURSE IS NOT AVAILABLE TO IMMEDIATELY GO ASSESS FOR POSSIBLE FURTHER INTERVENTIONS THE HOT LIQUID SHOULD BE REMOVED UNTIL ASSESSMENT OF SITUATION.</p>		

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			<p>IF INDICATED, THE COMPREHENSIVE CARE PLAN AND CERTIFIED NURSE AIDE CARE PLAN SHOULD BE REVIEWED FOR ANY CHANGES.</p> <p>TRAINING WAS PROVIDED TO REGISTERED NURSES AND LICENSED PRACTICAL NURSES ON 12-15-2012 BY THE DIRECTOR OF NURSING ON ASSESSMENT DEPARTMENT HEADS WERE PROVIDED TRAINING ON MONITORING BY THE ADM. ON 12-17-2012 AND 12-18-2012. CHARGE NURSES (RN/LPN) WERE TRAINED ON ADDRESSING ISSUES IDENTIFIED BY MONITORING ON 12-15-2012 AND 1-3-2013. TRAINING WAS COMPLETED BY THE ADMINISTRATOR AND DIRECTOR OF NURSING. A COPY OF THE COMPLETED DINING CHECKLIST SHOULD BE GIVEN TO DIRECTOR OF NURSING, ADMINISTRATOR, AND RISK MANAGER.</p> <p>DINING CHECK OFF LISTS WILL BE REVIEWED BY THE RISK MANAGER AND THE RISK MANAGER WILL DOCUMENT ON THE FORM FOLLOW UP TAKEN AND RESOLUTION TO THE ISSUE PRESENTED. THIS WILL BE IMPLEMENTED ON 1/7/2013. DINING FORMS WILL BE REVIEWED IN THE QUALITY ASSURANCE MEETING THAT WILL OCCUR EVERY OTHER MONTH, AND THE QUALITY ASSURANCE MEETING WILL BE CHAIRED BY THE RISK MANAGER.</p> <p>ADMINISTRATIVE NURSING WAS TRAINED ON EXPECTATIONS OF REVIEWING THE CERTIFIED NURSE AIDE CARE PLAN, AND THE COMPREHENSIVE CARE PLAN FOR NEEDED ADDITIONAL SUPPORTS (FOR HOT LIQUIDS) ON 12-18-2012 AND 12-19-2012. THIS WAS COMPLETED BY THE ADMINISTRATOR.</p> <p>CRITERIA #4 THE FACILITY PLANS TO MONITOR IT'S PERFORMANCE BY THE DEPARTMENT HEADS</p>	

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			<p>COMPLETING THE DINING CHECK LIST ONE MEAL A DAY X3 WEEKS. A SCHEDULE WAS DEVELOPED BY THE RISK MANAGER ON 12-17-2012. AFTER THE THREE WEEKS THE ABOVE MENTIONED POSITIONS WILL MONITOR 3 MEALS A WEEK FOR THE NEXT QUARTER. AFTER TIME PERIOD IS COMPLETED MONITORING WILL OCCUR ONE TIME A WEEK FOR NEXT 12 MONTHS BY THE DEPARTMENT HEADS. THEY WILL BE ACTIONS TAKEN BY STAFF, AND ENSURING THAT POLICY AND PROCEDURE ARE BEING FOLLOWED. IF ANY SAFETY/ DANGER OF BURN RISKS ARE IDENTIFIED BY MONITORING THEY WILL BE REPORTED TO ADMINISTRATIVE NURSING OR CHARGE NURSE IF ADMINISTRATIVE NURSING IS NOT AVAILABLE. IF A NURSE IS NOT AVAILABLE TO IMMEDIATELY GO ASSESS FOR POSSIBLE FURTHER INTERVENTIONS THE HOT LIQUID SHOULD BE REMOVED UNTIL ASSESSMENT OF SITUATION. WHEN AN ISSUE IS IDENTIFIED VIA MONITORING A REVIEW OF THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLAN SHOULD BE COMPLETED IF INDICATED.</p> <p>TRAINING WAS PROVIDED TO REGISTERED NURSES AND LICENSED PRACTICAL NURSES ON EVALUATIONS 12-15-2012 BY THE DIRECTOR OF NURSING. THE DEPARTMENT HEADS WERE PROVIDED TRAINING ON MONITORING BY THE ADMINISTRATOR ON 12-17-2012 AND 12-18-2012. A COPY OF THE COMPLETED DINING CHECKLIST SHOULD BE GIVEN TO DIRECTOR OF NURSING, ADMINISTRATOR, AND RISK MANAGER. TRAINING WAS PROVIDED TO THE DEPARTMENT HEADS ON 12-17-2012 BY THE ADMINISTRATOR. THEY INCLUDE THE DIRECTOR OF NURSING, ASSISTANT DIRECTOR OF NURSING, RISK MANAGER, BUSINESS OFFICE MANAGER, DIETARY MANAGER, ACTIVITIES DIRECTOR, RN SUPERVISOR, AND MEDICAL RECORDS DIRECTOR.</p>		

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			<p>DINING CHECK OFF LISTS WILL BE REVIEWED BY THE RISK MANAGER AND THE RISK MANAGER WILL DOCUMENT ON THE FORM FOLLOW UP TAKEN AND RESOLUTION TO THE ISSUE PRESENTED. THIS WILL BE EFFECTIVE 1/7/2012. DINING FORMS WILL BE REVIEWED IN THE QUALITY ASSURANCE MEETING THAT WILL OCCUR EVERY OTHER MONTH, AND THE QUALITY ASSURANCE MEETING WILL BE CHAIRED BY THE RISK MANAGER. THE NEXT QUALITY ASSURANCE MEETING IS SCHEDULED FOR THIS MONTH. ADMINISTRATIVE NURSING WAS TRAINED ON EXPECTATIONS OF REVIEWING THE CERTIFIED NURSE AIDE CARE PLAN, AND THE COMPREHENSIVE CARE PLAN FOR NEEDED ADDITIONAL SUPPORTS FOR HOT HOT LIQUIDS ON 12-18-2012 AND 12-19-2012. THIS WAS COMPLETED BY THE ADMINISTRATOR. ADMINISTRATIVE NURSING WILL ALSO COMPLETE A CERTIFIED NURSE AIDE CARE PLAN AUDIT AND COMPREHENSIVE CARE PLAN AUDIT IN REFERENCE TO SUPPORTS FOR HOT LIQUIDS EVERY QUARTER.</p>		CRITERIA # 5: 1/8/2013 WILL BE FIRST FULL DAY OF COMPLIANCE

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			<p>F490 CRITERIA #1 RESIDENT #1 NO LONGER RESIDES AT THE FACILITY. ON 12-6-2012 THE MD WAS CONTACTED BY PHONE AND ORDERS WERE RECEIVED FOR SILVADINE CREAM. THE CREAM WAS PICKED UP FROM PHARMACY BY THE -ADON, UPON OPENING FOR BUSINESS. PDA WAS ALSO NOTIFIED OF THE INCIDENT BY THE RN SUPERVISOR. THE RESIDENT WAS ADMINISTERED A LORTAB FOR PAIN. INTERVENTION MARKED ON COMPREHENSIVE CARE PLAN WAS FOR RESIDENT NOT TO DRINK COFFEE IN BED. THE ADMINISTRATOR SPOKE WITH DIETARY MANAGER ON 12-6-2012 AND COFFEE WAS WITHIN APPROPRIATE TEMPERATURES WHEN IT CAME FROM DIETARY DEPARTMENT. DIRECTOR OF NURSING SPOKE WITH NURSE AIDE FOLLOWING THE INCIDENT ON 12-6-2012. SHE REPORTED THAT RESIDENT #1 ASKED HER TO HEAT THE COFFEE, DUE TO IT BEING TO COLD. SHE STATED THAT SHE DID NOT MEAN TO HURT HER OR DO ANYTHING WRONG. NURSE AIDE WAS PROVIDED WITH A GENERAL PERFORMANCE NOTE IN HER PERSONNEL FILE BY THE DIRECTOR OF NURSING ON 12-6-2012. ON 12-7-2012 GUARDIAN/SON REQUESTED THE RESIDENT BE SEEN BY RESIDENT #1'S PHYSICIAN. THE FACILITY ARRANGED AND TRANSPORTED RESIDENT #1 TO THE PHYSICIAN. RESIDENT RETURNED TO FACILITY ON 12-7-2012 FROM PHYSICIAN'S OFFICE. ON 12-9-2012 GUARDIAN/SON REQUESTED THAT RESIDENT BE SEEN</p>		

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			<p>ST LOURDES HOSPITAL RESIDENT #1 WAS ADMITTED TO HOSPITAL AND NEVER RETURNED TO FACILITY. ON 12-6-2012 AN INTERVENTION TO PROVIDE A LID FOR HOT BEVERAGES WAS ALSO IMPLEMENTED. PER GUARDIAN, RESIDENT #1 IS CURRENTLY AT ANOTHER FACILITY.</p> <p>RESIDENT #3 DID OBTAIN A BURN FROM HOT COFFEE ON 7/27/2012. THE COMPREHENSIVE CARE PLAN INTERVENTION PUT INTO PLACE ON 7/27/2012 WAS A CUP WITH LID TO BE PROVIDED TO RESIDENT. ON 8/14/2012 RESIDENT RECEIVED ANOTHER BURN FROM COFFEE. THE CARE PLAN INTERVENTION WAS FOR THERAPY TO SCREEN. SPEECH THERAPY HAD RESIDENT #3 ON CASELOAD AT THE TIME OF INCIDENT. SPEECH THERAPY NOTIFIED NURSING THAT RESIDENT #3 IS BEST TO USE REGULAR KITCHEN INSULATED CUPS WITHOUT LID, AND TO COOL COFFEE DOWN WITH WATER OR ICE CUBE TO A TEMP THAT CANNOT BURN PRIOR TO GIVING TO THE RESIDENT. RESIDENT #3 IS TO BE PROVIDED A TABLE TO SIT CUP ON, WHILE NOT ACTIVELY DRINKING. ON 7-29-2012 A BLISTER DEVELOPED ON RESIDENT #3'S WRIST AND RESIDENT WAS REFERRED TO VOOHRA WOUND CARE FOR TREATMENT AND CARE. THE ABOVE MENTIONED INTERVENTIONS WERE DOCUMENTED ON THE</p>		

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			<p>COMPREHENSIVE CARE PLAN AND CERTIFIED NURSE AIDE CARE PLAN AS INDICATED. ON 10-10-2012 THE COMPREHENSIVE CARE PLAN WAS ADDED TO "NEEDS ASSIST WITH FEEDING." NO FURTHER BURNS HAVE OCCURED. RESIDENT IS NO LONGER PROVIDED WITH THE INTERVENTION ON THE COMPREHENSIVE CARE PLAN OR CERTIFIED NURSE AIDE CARE PLAN FOR ADDING WATER ICE OR WATER TO HOT BEVERAGES, DUE TO BEING ON AN ALTERED DIET. ON 12-13-2012 A HOT LIQUIDS SAFETY EVALUATION WAS COMPLETED BY ADMINISTRATIVE NURSING. RISK SCORE IDENTIFIED WAS 30 (MODERATE). THE COMPREHENSIVE CAREPLAN WAS REVIEWED BY THE DIRECTOR OF NURSING ON 12-15-2012. INTERVENTIONS PROVIDED ON THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLAN WERE AS FOLLOWS FOR RESIDENT #3: RESIDENT WILL WEAR OF CLOTHING PROTECTOR WHILE INGESTING HOT LIQUIDS, KEEP HOT LIQUIDS AWAY FROM EDGE OF TABLE IN RESIDENT'S LINE OF SIGHT, RESIDENT PROVIDED A CUP WITH LARGE HANDLE, DO NOT OVERFILL HOT LIQUIDS, THERAPY TO EVAL AND TREAT IF INDICATED, RESIDENT #3'S</p>		

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			<p>COMPREHENSIVE CARE PLAN ALSO STATES TO DISCOURAGE LOCOMOTION WITH HOT LIQUIDS, ALLOW TIME FOR LIQUIDS TO COOL, AND STAFF TO FEED RESIDENT. RESIDENT #3 IS CARE PLANNED TO BE EVALUATED BY HOT LIQUIDS SAFETY EVALUATION QUARTERLY/ ANNUALLY, AND PRN (AS NEEDED). THIS EVALUATION WILL BE COMPLETED BY ADMINISTRATIVE NURSING. THE CERTIFIED NURSE AIDE CARE PLAN WAS REVIEWED AND ADDED BY ADMINISTRATIVE NURSING ON 12-15-2012. ADMINISTRATIVE NURSING REFERS TO DIRECTOR OF NURSING ASSISTANT DIRECTOR OF NURSING, AND RN SUPERVISOR.</p> <p>RESIDENT #4 RECEIVED A BURN ON 12-4-2012 FROM COFFEE WHILE HAVING A SUSPECTED SEIZURE. THE INTERVENTION ADDED TO THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLAN WAS FOR RESIDENT TO HAVE CUP WITH LID. INTERVENTION WAS AND IS EFFECTIVE. NO FURTHER BURNS HAVE OCCURED FOR THIS RESIDENT. ON 12-13-2012 A HOT LIQUID SAFETY EVALUATION WAS COMPLETED BY ADMINISTRATIVE NURSING.</p> <p>RESIDENT #4 RISK SCORE WAS ASSESSED AT 15, WHICH IS LOW. THE COMPREHENSIVE CARE PLAN WAS REVIEWED BY THE ASSISTANT DIRECTOR OF NURSING ON 12-15-2012 FOR RESIDENT #4.</p>		

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055	
(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
			<p>INTERVENTIONS FOR RESIDENT #4 WERE TO INCLUDE RESIDENT WILL CONSUME HOT BEVERAGES WITH A CUP WITH A LID, RESIDENT WILL WEAR CLOTHING PROTECTOR WHILE INGESTING HOT LIQUIDS, KEEP HOT LIQUIDS AWAY FROM EDGE OF TABLE, KEEP HOT LIQUIDS IN RESIDENT'S LINE OF SIGHT ON DOMINANT SIDE, DO NOT OVERFILL HOT LIQUIDS, THERAPY TO TREAT/EVAL AS NEEDED, AND TO ALLOW TIME FOR HOT LIQUIDS TO COOL. RESIDENT #4 WILL BE ASSESSED BY ADMINISTRATIVE NURSING UTILIZING THE HOT LIQUIDS SAFETY EVALUATION QUARTERLY/ANNUALLY, AND PRN. RESIDENT #4'S CERTIFIED NURSE AIDE CARE PLAN WAS REVIEWED AND ADDED ON 12-15-2012 BY ADMINISTRATIVE NURSING.</p> <p>RESIDENT #5 OBTAINED A BURN ON 7/27/2012 WHILE DRINKING COFFEE. INTERVENTION PROVIDED ON THE COMPREHENSIVE CARE PLAN WAS TO PROVIDE LID WITH HOT BEVERAGES. NO FURTHER INCIDENCES HAVE OCCURED. ON 12-13-2012 ADMINISTRATIVE NURSING COMPLETED A HOT LIQUIDS SAFETY EVALUATION FOR RESIDENT #5. RISK SCORE WAS AT 15 (LOW). THE COMPREHENSIVE CARE PLAN WAS REVIEWED AND ADDED ON 12-15-2012, INTERVENTIONS THAT ARE INDICATED</p>	

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055		
(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	
			<p>ON THE COMPREHENSIVE CARE PLAN/ CERTIFIED NURSE AIDE CARE PLAN (IF INDICATED) ARE TO INCLUDE: RESIDENT WILL WEAR CLOTHING PROTECTOR WHILE INGESTING HOT LIQUIDS, OT TO EVAL/TREAT AS INDICATED, RESIDENT WILL BE SEATED AT TABLE WHEN GIVEN HOT LIQUIDS, DISCOURAGE LOCOMOTING WITH HOT LIQUIDS, KEEP HOT LIQUIDS AWAY FROM EDGE OF TABLE IN LINE OF SIGHT ON DOMINANT SIDE, DO NOT OVER FILL LIQUIDS, RESIDENT TO HAVE CUP WITH LID FOR HOT BEVERAGES, AND ALLOW TIME TO COOL. THE CERTIFIED NURSE AIDE CARE PLAN WAS REVIEWED AND ADDED BY ADMINISTRATIVE NURSING ON 12/15/2012.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/13/2012
NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42065		
(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	
			<p>CRITERIA #2 FOR PURPOSE OF THIS DOCUMENT ADMINISTRATIVE NURSING REFERS TO DIRECTOR OF NURSING, ASSISTANT DIRECTOR OF NURSING, AND RN SUPERVISOR. IN ORDER TO IDENTIFY OTHER RESIDENTS THAT WOULD BE AFFECTED BY THE SAME DEFICIENT PRACTICE ADMINISTRATIVE NURSING COMPLETED A HOT LIQUIDS SAFETY EVALUATION FOR ALL RESIDENTS AT RIVERS BEND. THIS WAS COMPLETED ON 12-13-2012 FOR ALL RESIDENTS BY ADMINISTRATIVE NURSING. ON 12-15-2012 THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLANS WERE REVIEWED AND ADDED BY ADMINISTRATIVE NURSING. ADDITIONAL SUPPORTS</p>		

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055		
(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	
			<p>IN REGARDS TO HOT LIQUID SAFETY WERE ADDED TO THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLANS (AS INDICATED) PER ASSESSMENT ON 12/15/2012 BY ADMINISTRATIVE NURSING. AS STATED ABOVE, ALL IN HOUSE RESIDENTS WERE ASSESSED BY ADMINISTRATIVE NURSING FOR HOT LIQUIDS SAFETY. REASSESSMENT OF HOT LIQUIDS SAFETY OF CURRENT RESIDENTS WILL OCCUR QUARTERLY/ANNUALLY, AND PRN (AS NEEDED). ADMINISTRATIVE NURSING WILL BE RESPONSIBLE FOR COMPLETING THESE ASSESSMENTS AND ENSURING THAT ANY ADDITIONAL SUPPORTS ARE ADDED TO THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLANS. AS INDICATED UPON ASSESSMENT. RESIDENTS THAT ARE ADMITTED TO RIVER'S BEND RETIREMENT COMMUNITY WILL BE PROVIDED A HOT LIQUID SAFETY EVALUATION WILL BE COMPLETED UPON ADMISSION, QUARTERLY, AND PRN (AS NEEDED). THIS WILL BE COMPLETED BY ADMINISTRATIVE NURSING. ADMINISTRATIVE NURSING WAS PROVIDED TRAINING ON THIS EXPECTATION ON 12-13-2012 BY THE DIRECTOR OF NURSING AND THE ADMINISTRATOR. CHARGE NURSES (RN AND LPN) WERE PROVIDED TRAINING BY THE DIRECTOR OF NURSING AND ADMINISTRATOR ON THE HOT LIQUIDS SAFETY</p>		

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42056		
(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	
			<p>EVALUATION AND ON ENSURING THAT ANY HOT LIQUIDS RISKS THAT ARE IDENTIFIED ARE TO BE ADDRESSED IMMEDIATELY. THIS WAS COMPLETED ON 12/15/2012 AND 1/3/2013. THE REGISTERED NURSES AND LICENSED NURSES WERE ALSO TRAINED THAT ALL APPROACHES AND INTERVENTIONS ARE TO BE ADDRESSED ON THE COMPREHENSIVE CARE PLAN AND CERTIFIED NURSE AIDE CARE PLAN (AS INDICATED). ADMINISTRATIVE NURSING WAS TRAINED ON THIS EXPECTATION ON 12-13-2012 BY THE ADMINISTRATOR/ DIRECTOR OF NURSING. ON 12-13-2012 ADMINISTRATIVE NURSING WERE TRAINED BY DIRECTOR OF NURSING AND ADMINISTRATOR ON THE TOO HOT LIQUIDS POLICY, HOT LIQUIDS ASSESSMENT, ADDENDING CARE PLANS WITH APPROPRIATE SUPPORTS REGARDING HOT LIQUIDS, RISK CATEGORIES OF ASSESSMENT AND ADDRESSING CONCERNS THAT COULD RESULT IN A BURN IMMEDIATELY. ON 12-13-2012, 12-14-2012, AND 12-15-2012 THE DIRECTOR OF NURSING INSERVICED REGISTERED NURSES, LICENSED NURSES, CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, AND NURSE AIDES (THESE STAFF WILL BE REFERRED AS NURSING STAFF FOR PURPOSES OF THIS DOCUMENT) ON NEVER REHEATING ITEMS, AND THAT ALL ITEMS THAT NEED TO BE REHEATED MUST COME FROM THE DIETARY DEPARTMENT. NURSING STAFF WERE ALSO TRAINED ON INTERVENTION CATEGORIES BASED ON HOT LIQUID</p>		

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055
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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
			<p>SAFETY EVALUATIONS, AND READING AND FOLLOWING THE CERTIFIED NURSE AIDE CARE PLANS/ COMPREHENSIVE CARE PLANS. NURSING STAFF WERE INSTRUCTED ON 12-13-2012, 12-14-2012, AND 12-15-2012 THAT INTERVENTIONS FOR EACH RESIDENT IN RELATION TO HOT LIQUIDS WOULD BE MARKED ON THE CERTIFIED NURSE AIDE CARE PLAN AND COMPREHENSIVE CARE PLAN. THE CERTIFIED NURSE AIDE CARE PLAN PERTAINS TO DIRECT CARE THAT CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, AND NURSE AIDES WOULD PROVIDE FOR THE RESIDENTS. THE POLICY FOR TO LIMIT HOT BEVERAGES RISK FACTORS WAS TRAINED BY DIRECTOR OF NURSING ON 12-13-2012, 12-14-2012, AND 12-15-2012 TO NURSING DEPARTMENT STAFF. A STAFF COMPETENCY TEST ON HOT LIQUIDS SAFETY WAS PROVIDED TO DEPARTMENT HEADS, REGISTERED NURSES, LICENSED NURSES, CERTIFIED MEDICATION TECHS, CERTIFIED NURSE AIDES, AND NURSE AIDES ON 12-13-2012, 12-14-2012, AND 12-15-2012. THIS WAS COMPLETED BY THE DIRECTOR OF NURSING AND ADMINISTRATOR. THE MEDICAL RECORDS DIRECTOR, BUSINESS OFFICE MANAGER, AND ASSISTANT ADMINISTRATOR ALSO COMPLETED AN AUDIT OF THE CERTIFIED NURSE AIDE CARE PLANS AND THE COMPREHENSIVE CARE PLANS TO ENSURE SUPPORTS ARE INDICATED ON BOTH DOCUMENTS IN RELATION TO HOT LIQUIDS ON 12-15-2012. THE MEDICAL RECORDS DIRECTOR, BUSINESS OFFICE MANAGER, AND ASSISTANT ADMINISTRATOR ON 12-15-2012 WERE TRAINED BY THE RISK MANAGER ON HOW TO COMPLETE</p>	

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055	
(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
			<p>THESE REVIEWS, THE DIRECTOR OF NURSING ALSO REVIEWED COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLANS ON 12-15-2012 FOR ACCURACY.</p> <p>12-18-12 12/13/12</p> <p>ON 12-18-2012 AND 12-20-2012 DIETARY STAFF, DEPARTMENT HEADS, REGISTERED NURSES, LICENSED NURSES, CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, AND NURSE AIDES WERE ALSO PROVIDED A COMPETENCY TEST ON BEING ABLE TO IDENTIFY SUPPORTS BEING PROVIDED ON A CERTIFIED NURSE AIDE CARE PLAN. THE TRAINING WAS PROVIDED BY THE ASSISTANT ADMINISTRATOR, ADMINISTRATOR, AND DIRECTOR OF NURSING. AN EXAMPLE OF A CERTIFIED NURSE AIDE CARE PLAN WAS PROVIDED AND THE ABOVE MENTIONED STAFF WERE ASKED TO IDENTIFY SUPPORTS ON THE CERTIFIED NURSE AIDE CARE PLAN. THE QUIZ THAT WAS ADMINISTERED DEMONSTRATED PROFICIENCY AT BEING ABLE TO IDENTIFY SUPPORTS. ANSWERS TO THE QUIZ WERE REVIEWED AS A GROUP TO ENSURE UNDERSTANDING/ PROFICIENCY.</p> <p>CRITERIA #3</p> <p>ON 12-10-2012 THE DIETARY MANAGER INSERVICED DIETARY STAFF THAT DIETARY STAFF ARE THE ONLY INDIVIDUALS THAT CAN PREPARE HOT BEVERAGES, THAT THE DATE, TIME, ACTIVITY, TEMPERATURE, AND INITIALS ARE TO BE FILLED OUT ON THE HOT BEVERAGES FORM. ON 12-14-2012 THE DIETARY MANAGER INSERVICED DIETARY STAFF ON HOT BEVERAGE GUIDELINES, AND RECORDING TEMPERATURES. ON 12-18-2012 THE ADMINISTRATOR INSERVICED THE DIETARY MANAGER/DIETARY STAFF ON HOW TO READ CERTIFIED NURSE AIDE CARE PLANS, WHICH INCLUDED THE CERTIFIED NURSE AID COMPETENCY TEST. THE COMPETENCY</p>	

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY, 42055		
(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	
			<p>TEST WAS REVIEWED AS A GROUP TO ENSURE UNDERSTANDING AND PROFICIENCY THE ADMINISTRATOR ALSO REVIEWED WITH DIETARY MANAGER/STAFF THAT TEMPERATURE SHE BE TAKEN ON ALL FOODS THE TOO LIMIT HOT BEVERAGE RISKS POLICY AND RISK CATEGORIES BASED OFF THE HOT LIQUIDS SAFETY EVALUATION. ON 12-11-2012 THE DIETARY MANAGER ALSO INSERVED DIETARY STAFF ON POINT OF SERVICE TEMPERATURE POLICY. ON 12/11/2012 THE BUISNESS OFFICE MANAGER, MEDICAL RECORDS DIRECTOR, DIRECTOR OF NURSING, HUMAN RESOURCES DIRECTOR RN SUPERVISOR, ASSISTANT DIRECTOR OF NURSING, SOCIAL SERVICES DIRECTOR, DIETARY MANAGER, ACTIVITIES DIRECTOR, RISK MANAGER, MAINTENANCE DIRECTOR, AND ASSISTANT ADMINISTRATOR (DEPARTMENT HEADS) WERE INSERVED ON POINT OF SERVICE TEMPERATURE POLICY BY THE ADMINISTRATOR.</p> <p>IN ORDER TO IMPLEMENT INTERVENTIONS CONSISTENT WITH RESIDENTS' NEEDS PER PLAN OF CARE RIVER'S BEND RETIREMENT COMMUNITY IMPLEMENTED THE USE OF A HOT LIQUIDS ASSESSMENT. A PROTOCOL OF INTERVENTION CATEGORIES WAS ALSO DEVELOPED BASED ON THE SCORING OF THE HOT LIQUIDS SAFETY EVALUATION. EACH RESIDENT'S APPROACHES AND INTERVENTIONS ON THE COMPREHENSIVE CARE PLAN IS ALSO INDIVIDUALIZED BASED ON THE RESIDENT. THE INTERVENTION CATEGORIES ARE AS SUCH: LOW RISK-CLOTHING PROTECTOR. MODERATE RISK INTERVENTIONS-CLOTHING PROTECTOR AND RESIDENT MAY ONLY HAVE HOT LIQUIDS WHEN SEATED AT THE TABLE. HIGH RISK INTERVENTIONS-CLOTHING PROTECTOR, RESIDENT ONLY TO HAVE HOT LIQUIDS WHEN SEATED AT A TABLE, AND INDIVIDUAL PERSON CENTERED INTERVENTIONS FOR SPECIFIC NEEDS.</p>		

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 390 BEECH ST. KUTTAWA, KY 42055	
(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
			<p>THE FACILITY ALSO UTILIZES CERTIFIED NURSE AIDE CARE PLANS. INTERVENTIONS THAT THE CERTIFIED NURSE AIDES/NURSE AIDES WOULD PROVIDE IN RELATION TO HOT LIQUIDS WERE ADDED TO THE CERTIFIED NURSE AIDE CARE PLAN AS, PER RESIDENT NEED AND ASSESSMENT, BY ADMINISTRATIVE NURSING ON 12-15-2012. THE DIRECTOR OF NURSING PROVIDED TRAINING ON 12-13-2012, 12-14-2012, AND 12-15-2012 TO REGISTERED NURSES, LICENSED NURSES, CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, NURSE AIDES, THE RN SUPERVISOR, AND ASSISTANT DIRECTOR OF NURSING ON ALL HOT LIQUIDS MUST COME FROM KITCHEN, THAT CERTIFIED NURSE AIDE CARE PLANS MUST BE FOLLOWED, NURSING STAFF WERE TOLD WHERE TO FIND SUPPORTS ON CERTIFIED NURSE AIDE CARE PLANS (IN RELATION TO HOT LIQUIDS) THE TO LIMIT HOT BEVERAGE RISK POLICY WAS INSERVICED, STAFF WERE TRAINED NEVER TO REHEAT BEVERAGES, AND CATEGORIES OF THE HOT LIQUIDS SAFETY EVALUATION. WERE REVIEWED WITH NURSING STAFF. THE DIRECTOR OF NURSING INSERVICED THE ASSISTANT DIRECTOR OF NURSING AND RN SUPERVISOR ON THE HOT LIQUIDS SAFETY EVALUATION AND ON HOW TO COMPLETE THE EVALUATION ON 12-13-2012. ADMINISTRATIVE NURSING CONSISTS OF RN SUPERVISOR, DIRECTOR OF NURSING, AND ASSISTANT DIRECTOR OF NURSING. ON 12-19-2012 AND 12-20-2012, 12/21/12. NURSING STAFF WERE PROVIDED COMPETENCY TESTING ON BEING ABLE TO READ A CERTIFIED NURSE AIDE CARE PLAN BY THE DIRECTOR OF NURSING AND ADMINISTRATOR ON 12-19-2012 AND 12-20-2012, 12-21-12.</p>	

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055		
(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	
			<p>TRAINING WAS PROVIDED TO NURSING STAFF BY THE DIRECTOR OF NURSING ON 12-13-2012, 12-14-2012, AND 12-15-2012 ON HOT LIQUID SAFETY THIS INCLUDED COMPETENCY TESTING. THE COMPETENCY TESTING INCLUDED QUESTIONS REGARDING HANDLING HOT LIQUIDS, STATEMENTS ABOUT HOT LIQUIDS, CHARACTERISTICS OF RESIDENTS AT RISK FOR SPILLING, REVIEWING PLAN OF CARE LEAVING A RESIDENT UNATTENDED WITH HOT LIQUIDS, TRUE OR FALSE STATEMENTS ABOUT TRANSPORTING A LIQUID DOWN THE HALL. THE TEST WAS PROVIDED AT DIFFERENT TRAINING SESSIONS BY THE DIRECTOR OF NURSING, ASSISTANT ADMINISTRATOR, AND ADMINISTRATOR. ON 12-13-2012, 12-14-2012, AND 12-15-2012 A HANDOUT WAS ALSO PROVIDED ON ACCIDENTAL HOT LIQUID SPILLS BY THE DIRECTOR OF NURSING, AND A HANDOUT ON INTERVENTION CATEGORIES WAS PROVIDED BY THE ADMINISTRATOR, DIRECTOR OF NURSING, AND ASSISTANT ADMINISTRATOR.</p> <p>THE DIETARY MANAGER ALSO CONTACTED GORDON FOOD SERVICES TECHNICIAN TO INSPECT COFFEE POT ON 12-6-2012. TECHNICIAN WAS PRESENT ON 12/7/2012. PER REPORT COFFEE POT READ 190 DEGREES, WHICH WAS WITHIN NORMAL LIMITS FOR BEST BREWING AND QUALITY. TECHNICIAN TURNED DOWN EQUIPMENT THERMOSTAT TO AN APPROXIMATE 160 DEGREES. THIS TEMPERATURE MEETS POINT OF SERVICE PROTOCOL OF THE FACILITY. THE COFFEE POT WAS REMOVED FROM NOURISHMENT ROOM, AND SO WAS THE MICROWAVE. ONLY THE KITCHEN WILL PROVIDE HOT LIQUIDS. ON 12/13/2012 THE DIETARY MANAGER COMPLETED A TRAY CARD AUDIT TO ENSURE ACCURACY OF PREFERENCES. NEW CARAFES WERE PURCHASED BY DIETARY TO USE DURING ACTIVITIES, THERAPY SESSIONS, ETC. TO ENSURE APPROPRIATE TRAINING ALL NURSING STAFF (RN/LPN)</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1866410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/13/2012
NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 306 BEECH ST. KUTTAWA, KY 42056		
(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	
			<p>CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, AND NURSE AIDES WILL NOT BE ALLOWED TO PROVIDED CARE UNTIL THEY HAVE WENT THROUGH THE ORIENTATION PROCESS, THE POLICY TO LIMIT HOT BEVERAGE RISK FACTORS WILL BE REVIEWED. A HANDOUT WILL ALSO BE PROVIDED TO THEM ON "ACCIDENTAL HOT LIQUID/SPILLS," AND A COMPETENCY TEST WILL BE PROVIDED FOR HOT LIQUID SAFETY (AS DESCRIBED ABOVE). THE COMPETENCY TEST WILL ENSURE THAT EACH NURSING EMPLOYEE UNDERSTANDS THE RISKS ASSOCIATED WITH HOT LIQUIDS. THE TRAINING WILL BE COMPLETED DURING THE ORIENTATION PROCESS, BY ADMINISTRATIVE NURSING. ADMINISTRATIVE NURSING WILL ALSO PROVIDE TRAINING IN ORIENTATION ON ASSESSED INTERVENTION CATEGORIES (LOW, HIGH, AND MODERATE), AND WILL TRAIN EMPLOYEES TO LOCATE HOT LIQUIDS INTERVENTIONS ON THE CERTIFIED NURSE AIDE CARE PLAN. DURING THE ORIENTATION PROCESS THE ADMINISTRATIVE NURSING WILL ALSO PROVIDE A COMPETENCY TEST ON THE CERTIFIED NURSE AIDE CARE PLAN. TRAINING OF THE POLICY *TO LIMIT HOT BEVERAGE RISK FACTORS, RISK CATEGORIES FOR SAFETY WITH HOT LIQUIDS, AND A STAFF COMPETENCY TEST ON RESIDENT SAFETY WITH HOT LIQUIDS WILL BE PROVIDED TO QUARTERLY TO NURSING STAFF BY ADMINISTRATIVE NURSING. IN ORDER TO ENSURE THAT THE TRAINING IS COMPLETED ANNUALLY IT WILL BE MARKED ON THE FACILITY'S IN SERVICE CALENDAR TO BE DONE QUARTERLY BY THE ADMINISTRATOR. THE ADMINISTRATOR COMPLETED THIS 1-2-13. THE FACILITY ALSO IMPLEMENTED A DINING CHECK OFF LIST ON 12/14/2012. THE DINING CHECK OFF LIST CORRESPONDS WITH THE "TOO LIMIT HOT BEVERAGES RISK" POLICY. PERSONS RESPONSIBLE FOR MONITORING INCLUDE THE ADMINISTRATOR,</p>		

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROMDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
			<p>ASSISTANT ADMINISTRATOR, HUMAN RESOURCES DIRECTOR, MEDICAL RECORDS DIRECTOR, MAINTENANCE DIRECTOR, AND DIETARY MANAGER, DIRECTOR OF NURSING, ASSISTANT DIRECTOR OF NURSING, RN SUPERVISOR, AND RISK MANAGER. ON 12-14-2012 THE DIRECTOR OF CLINICAL OPERATIONS TRAINED THE BUSINESS OFFICE MANAGER, ACTIVITIES DIRECTOR, MEDICAL RECORDS DIRECTOR, SOCIAL SERVICES DIRECTOR, ADMINISTRATOR, DIRECTOR OF NURSING, ASSISTANT ADMINISTRATOR, AND RN SUPERVISOR ON PROCESS AND FORM. ON 12-17-2012 THE ADMINISTRATOR ALSO TRAINED THE MAINTENANCE DIRECTOR, RISK MANAGER, HUMAN RESOURCES DIRECTOR, AND DIETARY MANAGER ON THE DINING COMPLIANCE CHECK LIST, HOW TO READ CERTIFIED NURSE AIDE CARE PLANS, AND PROVIDED COMPETENCY TESTING ON CERTIFIED NURSE AIDE CARE PLANS. THE ABOVE MENTIONED POSITIONS WILL MONITOR A MEAL TIME ONE TIME A DAY X 3 WEEKS. ON 12-17-2012 A SCHEDULE FOR MONITORING WAS DEVELOPED BY THE RISK MANAGER AND GIVEN TO THE ABOVE MENTIONED POSITIONS. THE DINING CHECK OFF LIST WAS DEVELOPED BY THE DIRECTOR OF CLINICAL OPERATIONS, ADMINISTRATOR AND RISK MANAGER. IT INCLUDES OBSERVING MEAL, SUPPORTS PROVIDED TO RESIDENTS/ ACTIONS TAKEN BY STAFF, AND THAT POLICY AND PROCEDURE IS BEING FOLLOWED. IF ANY SAFETY/DANGER OF BURN RISKS ARE IDENTIFIED BY MONITORING THEY WILL BE REPORTED TO ADMINISTRATIVE NURSING OR CHARGE NURSE IF ADMINISTRATIVE NURSING IS NOT AVAILABLE. IF A NURSE IS NOT AVAILABLE TO IMMEDIATELY GO ASSESS FOR POSSIBLE FURTHER INTERVENTIONS THE HOT LIQUID SHOULD BE REMOVED UNTIL ASSESSMENT OF SITUATION.</p>		

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			<p>IF INDICATED, THE COMPREHENSIVE CARE PLAN AND CERTIFIED NURSE AIDE CARE PLAN SHOULD BE REVIEWED FOR ANY CHANGES.</p> <p>TRAINING WAS PROVIDED TO REGISTERED NURSES AND LICENSED PRACTICAL NURSES ON 12-15-2012 BY THE DIRECTOR OF NURSING ON ASSESSMENT DEPARTMENT HEADS WERE PROVIDED TRAINING ON MONITORING BY THE ADM.</p> <p>ON 12-17-2012 AND 12-18-2012. CHARGE NURSES (RN/LPN) WERE TRAINED ON ADDRESSING ISSUES IDENTIFIED BY MONITORING ON 12-15-2012, AND 1-3-2013. TRAINING WAS COMPLETED BY THE ADMINISTRATOR AND DIRECTOR OF NURSING. A COPY OF THE COMPLETED DINING CHECKLIST SHOULD BE GIVEN TO DIRECTOR OF NURSING, ADMINISTRATOR, AND RISK MANAGER.</p> <p>DINING CHECK OFF LISTS WILL BE REVIEWED BY THE RISK MANAGER AND THE RISK MANAGER WILL DOCUMENT ON THE FORM FOLLOW UP TAKEN AND RESOLUTION TO THE ISSUE PRESENTED. THIS WILL BE IMPLEMENTED ON 1/7/2013. DINING FORMS WILL BE REVIEWED IN THE QUALITY ASSURANCE MEETING THAT WILL OCCUR EVERY OTHER MONTH, AND THE QUALITY ASSURANCE MEETING WILL BE CHAIRED BY THE RISK MANAGER.</p> <p>ADMINISTRATIVE NURSING WAS TRAINED ON EXPECTATIONS OF REVIEWING THE CERTIFIED NURSE AIDE CARE PLAN, AND THE COMPREHENSIVE CARE PLAN FOR NEEDED ADDITIONAL SUPPORTS (FOR HOT LIQUIDS) ON 12-18-2012 AND 12-10-2012. THIS WAS COMPLETED BY THE ADMINISTRATOR.</p> <p>CRITERIA #4 THE FACILITY PLANS TO MONITOR IT'S PERFORMANCE BY THE DEPARTMENT HEADS</p>		

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			<p>COMPLETING THE DINING CHECK LIST ONE MEAL A DAY X3 WEEKS. A SCHEDULE WAS DEVELOPED BY THE RISK MANAGER ON 12-17-2012. AFTER THE THREE WEEKS THE ABOVE MENTIONED POSITIONS WILL MONITOR 3 MEALS A WEEK FOR THE NEXT QUARTER. AFTER TIME PERIOD IS COMPLETED MONITORING WILL OCCUR ONE TIME A WEEK FOR NEXT 12 MONTHS BY THE DEPARTMENT HEADS. THEY WILL BE ACTIONS TAKEN BY STAFF, AND ENSURING THAT POLICY AND PROCEDURE ARE BEING FOLLOWED. IF ANY SAFETY/ DANGER OF BURN RISKS ARE IDENTIFIED BY MONITORING THEY WILL BE REPORTED TO ADMINISTRATIVE NURSING OR CHARGE NURSE IF ADMINISTRATIVE NURSING IS NOT AVAILABLE. IF A NURSE IS NOT AVAILABLE TO IMMEDIATELY GO ASSESS FOR POSSIBLE FURTHER INTERVENTIONS THE HOT LIQUID SHOULD BE REMOVED UNTIL ASSESSMENT OF SITUATION. WHEN AN ISSUES IS IDENTIFIED, VIA MONITORING A REVIEW OF THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLAN SHOULD BE COMPLETED IF INDICATED.</p> <p>TRAINING WAS PROVIDED TO REGISTERED NURSES AND LICENSED PRACTICAL NURSES ON EVALUATIONS 12-15-2012 BY THE DIRECTOR OF NURSING. THE DEPARTMENT HEADS WERE PROVIDED TRAINING ON MONITORING BY THE ADMINISTRATOR ON 12-17-2012 AND 12-18-2012. A COPY OF THE COMPLETED DINING CHECKLIST SHOULD BE GIVEN TO DIRECTOR OF NURSING, ADMINISTRATOR, AND RISK MANAGER. TRAINING WAS PROVIDED TO THE DEPARTMENT HEADS ON 12-17-2012 BY THE ADMINISTRATOR. THEY INCLUDE THE DIRECTOR OF NURSING, ASSISTANT DIRECTOR OF NURSING, RISK MANAGER, BUSINESS OFFICE MANAGER, DIETARY MANAGER, ACTIVITIES DIRECTOR, RN SUPERVISOR, AND MEDICAL RECORDS DIRECTOR.</p>		

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			DINING CHECK OFF LISTS WILL BE REVIEWED BY THE RISK MANAGER AND THE RISK MANAGER WILL DOCUMENT ON THE FORM FOLLOW UP TAKEN AND RESOLUTION TO THE ISSUE PRESENTED. THIS WILL BE EFFECTIVE 1/7/2012. DINING FORMS WILL BE REVIEWED IN THE QUALITY ASSURANCE MEETING THAT WILL OCCUR EVERY OTHER MONTH, AND THE QUALITY ASSURANCE MEETING WILL BE CHAIRED BY THE RISK MANAGER. THE NEXT QUALITY ASSURANCE MEETING IS SCHEDULED FOR THIS MONTH. ADMINISTRATIVE NURSING WAS TRAINED ON EXPECTATIONS OF REVIEWING THE CERTIFIED NURSE AIDE CARE PLAN, AND THE COMPREHENSIVE CARE PLAN FOR NEEDED ADDITIONAL SUPPORTS FOR HOT HOT LIQUIDS ON 12-18-2012 AND 12-19-2012. THIS WAS COMPLETED BY THE ADMINISTRATOR. ADMINISTRATIVE NURSING WILL ALSO COMPLETE A CERTIFIED NURSE AIDE CARE PLAN AUDIT AND COMPREHENSIVE CARE PLAN AUDIT IN REFERENCE TO SUPPORTS FOR HOT LIQUIDS EVERY QUARTER.	CRITERIA # 5 : 1/8/2013 WILL BE FIRST FULL DAY OF COMPLIANCE.	

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			<p>F520 CRITERIA #1 RESIDENT #1 NO LONGER RESIDES AT THE FACILITY. ON 12-6-2012 THE MD WAS CONTACTED BY PHONE AND ORDERS WERE RECEIVED FOR SILVADINE CREAM. THE CREAM WAS PICKED UP FROM PHARMACY BY THE ADON, UPON OPENING FOR BUISNESS. POA WAS ALSO NOTIFIED OF THE INCIDENT BY THE RN SUPERVISOR. THE RESIDENT WAS ADMINISTERED A LORTAB FOR PAIN. INTERVENTION MARKED ON COMPREHENSIVE CARE PLAN WAS FOR RESIDENT NOT TO DRINK COFFEE IN BED. THE ADMINISTRATOR SPOKE WITH DIETARY MANAGER ON 12-6-2012 AND COFFEE WAS WITHIN APPROPRIATE TEMPERATURES WHEN IT CAME FROM DIETARY DEPARTMENT. DIRECTOR OF NURSING SPOKE WITH NURSE AIDE FOLLOWING THE INCIDENT ON 12-6-2012. SHE REPORTED THAT RESIDENT #1 ASKED HER TO HEAT THE COFFEE, DUE TO IT BEING TO COLD. SHE STATED THAT SHE DID NOT MEAN TO HURT HER OR DO ANYTHING WRONG. NURSE AIDE WAS PROVIDED WITH A GENERAL PERFORMANCE NOTE IN HER PERSONNEL FILE BY THE DIRECTOR OF NURSING ON 12-6-2012. ON 12-7-2012 GUARDIAN/SON REQUESTED THE RESIDENT BE SEEN BY RESIDENT #1'S PHYSICIAN. THE FACILITY ARRANGED AND TRANSPORTED RESIDENT #1 TO THE PHYSICIAN. RESIDENT RETURNED TO FACILITY ON 12-7-2012 FROM PHYSICIANS OFFICE. ON 12-9-2012 GUARDIAN/SON REQUESTED THAT RESIDENT BE SEEN</p>		

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			<p>AT LOURDES HOSPITAL. RESIDENT #1 WAS ADMITTED TO HOSPITAL AND NEVER RETURNED TO FACILITY. ON 12-6-2012 AN INTERVENTION TO PROVIDE A LID FOR HOT BEVERAGES WAS ALSO IMPLEMENTED. PER GUARDIAN, RESIDENT #1 IS CURRENTLY AT ANOTHER FACILITY.</p> <p>RESIDENT #3 DID OBTAIN A BURN FROM HOT COFFEE ON 7/27/2012. THE COMPREHENSIVE CARE PLAN INTERVENTION PUT INTO PLACE ON 7/27/2012 WAS A CUP WITH LID TO BE PROVIDED TO RESIDENT. ON 8/14/2012 RESIDENT RECEIVED ANOTHER BURN FROM COFFEE. THE CARE PLAN INTERVENTION WAS FOR THERAPY TO SCREEN. SPEECH THERAPY HAD RESIDENT #3 ON CASELOAD AT THE TIME OF INCIDENT. SPEECH THERAPY NOTIFIED NURSING THAT RESIDENT #3 IS BEST TO USE REGULAR KITCHEN INSULATED CUPS WITHOUT LID, AND TO COOL COFFEE DOWN WITH WATER OR ICE CUBE TO A TEMP THAT CANNOT BURN PRIOR TO GIVING TO THE RESIDENT. RESIDENT #3 IS TO BE PROVIDED A TABLE TO SIT CUP ON, WHILE NOT ACTIVELY DRINKING. ON 7-29-2012 A BLISTER DEVELOPED ON RESIDENT #3'S WRIST AND RESIDENT WAS REFERRED TO VOOHRA WOUND CARE FOR TREATMENT AND CARE. THE ABOVE MENTIONED INTERVENTIONS WERE DOCUMENTED ON THE</p>		

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			<p>COMPREHENSIVE CARE PLAN AND CERTIFIED NURSE AIDE CARE PLAN AS INDICATED. ON 10-10-2012 THE COMPREHENSIVE CARE PLAN WAS ADDED TO "NEEDS ASSIST WITH FEEDING." NO FURTHER BURNS HAVE OCCURED. RESIDENT IS NO LONGER PROVIDED WITH THE INTERVENTION ON THE COMPREHENSIVE CARE PLAN OR CERTIFIED NURSE AIDE CARE PLAN FOR ADDING WATER ICE OR WATER TO HOT BEVERAGES, DUE TO BEING ON AN ALTERED DIET. ON 12-13-2012 A HOT LIQUIDS SAFETY EVALUATION WAS COMPLETED BY ADMINISTRATIVE NURSING. RISK SCORE IDENTIFIED WAS 30 (MODERATE). THE COMPREHENSIVE CAREPLAN WAS REVIEWED BY THE DIRECTOR OF NURSING ON 12-15-2012. INTERVENTIONS PROVIDED ON THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLAN WERE AS FOLLOWS FOR RESIDENT #3: RESIDENT WILL WEAR OF CLOTHING PROTECTOR WHILE INGESTING HOT LIQUIDS, KEEP HOT LIQUIDS AWAY FROM EDGE OF TABLE IN RESIDENT'S LINE OF SIGHT, RESIDENT PROVIDED A CUP WITH LARGE HANDLE, DO NOT OVERFILL HOT LIQUIDS, THERAPY TO EVAL AND TREAT IF INDICATED, RESIDENT #3'S</p>		

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			<p>COMPREHENSIVE CARE PLAN ALSO STATES TO DISCOURAGE LOCOMOTION WITH HOT LIQUIDS, ALLOW TIME FOR LIQUIDS TO COOL, AND STAFF TO FEED RESIDENT. RESIDENT #3 IS CARE PLANNED TO BE EVALUATED BY HOT LIQUIDS SAFETY EVALUATION QUARTERLY/ ANNUALLY, AND PRN (AS NEEDED). THIS EVALUATION WILL BE COMPLETED BY ADMINISTRATIVE NURSING. THE CERTIFIED NURSE AIDE CARE PLAN WAS REVIEWED AND ADDED BY ADMINISTRATIVE NURSING ON 12-15-2012. ADMINISTRATIVE NURSING REFERS TO DIRECTOR OF NURSING, ASSISTANT DIRECTOR OF NURSING, AND RN SUPERVISOR.</p> <p>RESIDENT #4 RECEIVED A BURN ON 12-4-2012 FROM COFFEE WHILE HAVING A SUSPECTED SEIZURE. THE INTERVENTION ADDED TO THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLAN WAS FOR RESIDENT TO HAVE CUP WITH LID. INTERVENTION WAS AND IS EFFECTIVE. NO FURTHER BURNS HAVE OCCURED FOR THIS RESIDENT. ON 12-13-2012 A HOT LIQUID SAFETY EVALUATION WAS COMPLETED BY ADMINISTRATIVE NURSING.</p> <p>RESIDENT #4 RISK SCORE WAS ASSESSED AT 15, WHICH IS LOW. THE COMPREHENSIVE CARE PLAN WAS REVIEWED BY THE ASSISTANT DIRECTOR OF NURSING ON 12-15-2012 FOR RESIDENT #4.</p>		

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			<p>INTERVENTIONS FOR RESIDENT #4 WERE TO INCLUDE RESIDENT WILL CONSUME HOT BEVERAGES WITH A CUP WITH A LID, RESIDENT WILL WEAR CLOTHING PROTECTOR WHILE INGESTING HOT LIQUIDS, KEEP HOT LIQUIDS AWAY FROM EDGE OF TABLE, KEEP HOT LIQUIDS IN RESIDENT'S LINE OF SIGHT ON DOMINANT SIDE, DO NOT OVERFILL HOT LIQUIDS, THERAPY TO TREAT/EVAL AS NEEDED, AND TO ALLOW TIME FOR HOT LIQUIDS TO COOL. RESIDENT #4 WILL BE ASSESSED BY ADMINISTRATIVE NURSING UTILIZING THE HOT LIQUIDS SAFETY EVALUATION QUARTERLY/ANNUALLY, AND PRN. RESIDENT #4'S CERTIFIED NURSE AIDE CARE PLAN WAS REVIEWED AND ADDED ON 12-15-2012 BY ADMINISTRATIVE NURSING.</p> <p>RESIDENT #5 OBTAINED A BURN ON 7/27/2012 WHILE DRINKING COFFEE. INTERVENTION PROVIDED ON THE COMPREHENSIVE CARE PLAN WAS TO PROVIDE LID WITH HOT BEVERAGES. NO FURTHER INCIDENCES HAVE OCCURED. ON 12-13-2012 ADMINISTRATIVE NURSING COMPLETED A HOT LIQUIDS SAFETY EVALUATION FOR RESIDENT #5. RISK SCORE WAS AT 15 (LOW), THE COMPREHENSIVE CARE PLAN WAS REVIEWED AND ADDED ON 12-15-2012. INTERVENTIONS THAT ARE INDICATED</p>		

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			<p>ON THE COMPREHENSIVE CARE PLAN/ CERTIFIED NURSE AIDE CARE PLAN (IF INDICATED) ARE TO INCLUDE: RESIDENT WILL WEAR CLOTHING PROTECTOR WHILE INGESTING HOT LIQUIDS, OT TO EVAL/TREAT AS INDICATED, RESIDENT WILL BE SEATED AT TABLE WHEN GIVEN HOT LIQUIDS, DISCOURAGE LOCOMOTING WITH HOT LIQUIDS, KEEP HOT LIQUIDS AWAY FROM EDGE OF TABLE IN LINE OF SIGHT ON DOMINANT SIDE, DO NOT OVER FILL LIQUIDS, RESIDENT TO HAVE CUP WITH LID FOR HOT BEVERAGES, AND ALLOW TIME TO COOL. THE CERTIFIED NURSE AIDE CARE PLAN WAS REVIEWED AND ADDED BY ADMINISTRATIVE NURSING ON 12/15/2012. FOR RESIDENTS #1, #3, #4, AND #5 THE ESTABLISHED QUALITY ASSURANCE TEAM REVIEWED INCIDENCES REGARDING THE BURNS.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/13/2012
NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42065		
(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	
			<p>CRITERIA #2 FOR THE PURPOSE OF THIS DOCUMENT ADMINISTRATIVE NURSING REFERS TO THE DIRECTOR OF NURSING, ASSISTANT DIRECTOR OF NURSING, AND RN SUPERVISOR. IN ORDER TO IDENTIFY OTHER RESIDENTS THAT WOULD BE AFFECTED BY THE SAME DEFICIENT PRACTICE ADMINISTRATIVE NURSING COMPLETED A HOT LIQUIDS SAFETY EVALUATION FOR ALL RESIDENTS AT RIVER'S BEND RETIREMENT COMMUNITY. ALL RESIDENTS WERE ASSESSED BY ADMINISTRATIVE NURSING ON 12-13-2012. THE HOT LIQUIDS SAFETY EVALUATION WAS ALSO IMPLEMENTED ON 12-13-2012, AND TRAINING WAS PROVIDED TO ADMINISTRATIVE NURSING BY THE ADMINISTRATOR AND DIRECTOR OF NURSING ON 12-13-2012. ON 12-15-2012 THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLANS WERE ADDED IN REGARDS TO HOT LIQUID SAFETY FOR EACH RESIDENT AS INDICATED BY THE ASSESSMENT AND INDIVIDUAL NEEDS. THIS WAS COMPLETED ON 12-15-2012. REASSESSMENT OF HOT LIQUIDS SAFETY ON CURRENT RESIDENTS WILL OCCUR QUARTERLY ANNUALLY, OR ON AN AS NEEDED BASIS. ADMINISTRATIVE NURSING WILL BE RESPONSIBLE FOR COMPLETING THESE ASSESSMENTS. THEY WERE TRAINED ON THIS EXPECTATION BY THE DIRECTOR OF NURSING AND ADMINISTRATOR</p>		

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY, 42065		
(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	
			<p>ON 12-13-2012, IF ADMINISTRATIVE NURSING IS UNABLE TO COMPLETE THE ASSESSMENT A CHARGE NURSE (LPN OR RN) WILL COMPLETE THE ASSESSMENT. CHARGE NURSES WERE TRAINED ON THIS EXPECTATION ON 12-13-2012 AND 1-3-2013. ADMINISTRATIVE NURSES AND CHARGE NURSES WERE ALSO TRAINED ON ENSURING THAT ANY ADDITIONAL SUPPORTS IN RELATION TO HOT LIQUID SAFETY EVALUATION WILL NEED TO BE ADDED TO THE COMPREHENSIVE CARE PLAN AND CERTIFIED NURSE AIDE CARE PLAN. FOR ANY NEW ADMITS TO RIVER'S BEND RETIREMENT COMMUNITY A HOT LIQUID SAFETY EVALUATION WILL BE COMPLETED BY ADMINISTRATIVE NURSING OR CHARGE NURSE ON ADMISSION, QUARTERLY, AND PRN. ON 12-13-2012 ADMINISTRATIVE NURSING AND ON 12-15-2012 CHARGE NURSES (LPN OR RN) WERE TRAINED THAT ANY TIME AN DANGER OR SAFETY ISSUE IS IDENTIFIED WITH HOT LIQUIDS THE RESIDENT SHOULD BE ASSESSED IMMEDIATELY OR THAT HOT LIQUID ITEM REMOVED IMMEDIATELY UNTIL ASSESSMENT CAN OCCUR. THIS TRAINING WAS COMPLETED BY THE ADMINISTRATOR AND DIRECTOR OF NURSING. ON 12-13-2012, 12-14-12 AND 12-15-2012 THE DIRECTOR OF NURSING INSERVED NURSING STAFF (ASSISTANT DIRECTOR OF NURSING, RN SUPERVISOR, REGISTERED NURSES, LICENSED NURSES, CERTIFIED MEDICATION TECHS, CERTIFIED NURSE AIDES, AND NURSE AIDES ON NEVER REHEATING ITEMS, AND THAT ALL ITEMS THAT NEED TO BE REHEATED MUST COME FROM THE KITCHEN. NURSING STAFF WERE ALSO TRAINED ON 12-13-2012, 12-14-2012, AND 12-15-2012 ON INTERVENTION CATEGORIES BASED ON HOT LIQUID SAFETY EVALUATIONS, AND READING/FOLLOWING THE CERTIFIED NURSE AIDE CARE PLANS AND THE COMPREHENSIVE CARE PLANS. NURSING STAFF WERE INSTRUCTED ON 12-13-2012, 12-14-2012, AND 12-15-2012 THAT INTERVENTIONS FOR HOT LIQUID SAFETY INTERVENTIONS WOULD BE MARKED ON THE CARE PLANS SPECIFIC FOR</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/13/2012
NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 360 BEECH ST. KUTTAWA, KY 42055		
(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	
			<p>EACH RESIDENT. THIS WAS COMPLETED BY THE DIRECTOR OF NURSING. THE DIRECTOR OF NURSING ALSO PROVIDED A COMPETENCY TEST ON HOT LIQUIDS SAFETY ON 12-13-2012, 12-14-2012, AND 12-15-2012. ON 12-19-2012 AND 12-20-2012 A COMPETENCY TEST FOR BEING ABLE TO READ AND UNDERSTAND THE CERTIFIED NURSE AIDE CARE PLANS WAS COMPLETED BY THE DIRECTOR OF NURSING, ASSISTANT ADMINISTRATOR, AND ADMINISTRATOR. BOTH COMPETENCY TESTS WERE REVIEWED WITH STAFF ON THE ABOVE DATES TO ENSURE UNDERSTANDING AND PROFICIENCY. ON 12-13-2012, 12-14-2012, AND 12-15-2012 NURSING STAFF WERE TRAINED ON THE TOO HOT LIQUIDS SAFETY EVALUATION POLICY, AND WERE PROVIDED A COPY OF THE "ACCIDENTAL HOT LIQUIDS POLICY." THIS WAS COMPLETED BY THE DIRECTOR OF NURSING, ASSISTANT ADMINSTRATOR, AND ADMINISTRATOR.</p> <p>CRITERIA #3 TO ENSURE MONITORING OF MEAL TIMES TO ENSURE INTERVENTIONS ARE BEING FOLLOWED AS WELL IT WAS DISCUSSED THAT RIVER'S BEND RETIREMENT COMMUNITY'S DEPARTMENT HEADS WILL MONITOR ONE MEAL ONE TIME A DAY X3 WEEKS. A SCHEDULE WAS DEVELOPED BY THE RISK MANAGER ON 12-17-2012. THE DEPARTMENT HEADS DOING THE MONITORING INCLUDE THE ADMINISTRATOR, ASSISTANT ADMINISTRATOR, DIRECTOR NURSING, ASSISTANT DIRECTOR OF NURSING, RN SUPERVISOR, ACTIVITIES DIRECTOR, SOCIAL SERVICES DIRECTOR, ACTIVITIES DIRECTOR, RISK MANAGER, MAINTENANCE DIRECTOR, DIETARY MANAGER, AND MEDICAL RECORDS DIRECTOR. FOR THE PURPOSE OF THIS DOCUMENT, THESE POSTIONS WILL BE CALLED DEPARTMENT HEADS. ON 12-14-2012 THE DINING CHECKLIST WAS DEVELOPED BY THE RISK MANAGER, AND DIRECTOR OF CLINICAL OPERATIONS. TRAINING WAS PROVIDED ON 12-14-2012 TO DEPARTMENT HEADS BY THE CLINICAL DIRECTOR OF OPERATIONS.</p>		

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055		
(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	
			<p>THE ADMINSTRATOR ALSO PROVIDED TRAINING ON THE DINING CHECK LIST ON 12-17-2012. THE DINING DUTY COMPLIANCE CHECK OFF INDICATES THAT THE DEPARTMENT HEADS SHOULD BE MONITORING/OBSERVING TO ENSURE THAT POLICY AND PROCEDURES FOR TO LIMITING HOT BEVERAGES POLICY AND PROCEDURES IS BEING FOLLOWED. THIS INCLUDES ENSURING DRINKING CUPS HAVE NOT BEEN OVERFILLED, HOT BEVERAGES ARE PLACED AWAY FROM THE EDGE OF THE TABLE, HOT BEVERAGES SHOULD BE NEAR RESIDENTS DOMINANT HAND, THAT IT HAS BEEN EXPLAINED THAT BEVERAGES ARE HOT TO RESIDENTS, BEVERAGE IS PLACED IN FIELD OF VISION, HOT LIQUIDS ARE COVERED WHILE BEING TRANSPORTED BY STAFF, RESIDENT HAS APPROPRIATE ADAPTIVE EQUIPMENT, IDENTIFYING RESIDENTS WHO MAY BE AT A GREATER RISK FOR SPILLING OF HOT LIQUIDS ON THEMSELVES, RESIDENTS ARE NOT AMBULATING WITH HOT LIQUIDS, AND RESIDENTS HAVE CLOTHING PROTECTORS ON. WHEN AN ISSUE IS IDENTIFIED VIA MONITORING, IF WARRANTED THE COMPREHENSIVE CARE PLAN AND THE CERTIFIED NURSE AIDE CARE PLAN WILL BE REVISED, AND A HOT LIQUIDS SAFETY EVALUATION COMPLETED BY CHARGE NURSES OR ADMINISTRATIVE NURSING. TRAINING WAS PROVIDED TO NURSING STAFF ON THIS BY THE ADMINISTRATOR AND DIRECTOR OF NURSING ON 12/13/2012 AND 12-15-2012. TRAINING WAS ALSO PROVIDED TO DEPARTMENT HEADS ON THIS TOPIC ON 12-17-2012.</p> <p>ALL COMPREHENSIVE CARE PLANS AND CERTIFIED NURSE AIDE CARE PLANS WILL BE AUDITED IN RELATION TO HOT LIQUID SAFETY BY ADMINISTRATIVE NURSING ONE TIME A QUARTER FOR THE NEXT 12-MONTHS. AFTER THE 3 WEEK PERIOD OF DINING DUTY COMPLIANCE IS COMPLETED 3 MEALS A WEEK WILL BE MONITORED BY THE DEPARTMENT HEADS FOR THE NEXT QUARTER.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/13/2012
NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 309 BEECH ST. KUTTAWA, KY 42065		
(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	
			<p>AND THEN ONE MEAL A WEEK WILL BE MONITORED BY THE DEPARTMENT HEADS. THIS WILL BE ONGOING. TRAINING WILL BE PROVIDED ON THIS TO DEPARTMENT HEADS BY THE ADMINISTRATOR ON 1/7/2013. IF ANY ADDITIONAL INCIDENCES OF A RESIDENT BEING BURNED OCCUR, THAT RESIDENT WILL BE PROVIDED ANOTHER HOT LIQUID SAFETY EVALUATION TO DETERMINE IF ANY FURTHER SUPPORTS ARE NEEDED TO BE ADDED TO THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLAN. THIS WILL BE COMPLETED BY THE CHARGE NURSE OR ADMINISTRATIVE NURSING. DINING DUTY CHECKLISTS WILL BE REVIEWED 2X A MONTH BY THE INCIDENT REVIEW COMMITTEE. THE INCIDENT REVIEW COMMITTEE INCLUDES THE ADMINISTRATOR, A MEMBER OF ADMINISTRATIVE NURSING, THE SOCIAL SERVICES DIRECTOR, RISK MANAGER, AND ACTIVITIES DIRECTOR. THE INCIDENT COMMITTEE MEETS AT LEAST 3X'S A WEEK TO REVIEW RESIDENT SPECIFIC INCIDENCES, BUT WILL ALSO REVIEW DINING DUTY CHECKLISTS 2X A MONTH. THE INCIDENT REVIEW COMMITTEE MEMBERS WILL BE PROVIDED TRAINING ON THIS BY THE ADMINISTRATOR ON 1/7/2013. MEAL TIME TRAY CARDS ARE PROVIDED BY THE DIETARY DEPARTMENT FOR EACH MEAL. THESE TRAY CARDS INDICATE ASSISTIVE DEVICES NEEDED FOR EACH MEAL. THE DIETARY MANAGER DID AN AUDIT OF THESE TRAY CARDS ON 12-18-2012 TO ENSURE THAT THEY MATCH THE COMPREHENSIVE AND CNA CARE PLANS. THE DIETARY MANAGER WILL OBSERVE TWO MEALS A WEEK FOR THE NEXT 6 MONTHS TO ENSURE THAT SUPPORTS ARE BEING PROVIDED AS INDICATED ON THE COMPREHENSIVE CARE PLAN AND CERTIFIED NURSE AIDE CARE PLAN. THE DIETARY MANAGER WAS PROVIDED TRAINING ON EXPECTATION ON 12-18-2012 BY THE ADMINISTRATOR.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/13/2012
NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055		
(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	
			<p>RIVER'S BEND RETIREMENT COMMUNITY WILL MAINTAIN A QUALITY ASSURANCE COMMITTEE CONSISTING OF THE MEDICAL DIRECTOR, DIRECTOR OF NURSING, AND THREE OTHER COMMITTEE MEMBERS. THE TEAM WILL MEET EVERY OTHER MONTH TO IDENTIFY ISSUES WHICH QUALITY ASSESSMENT AND ASSURANCE ACTIVITIES ARE NECESSARY. THE TEAM WILL ALSO DEVELOP AND IMPLEMENT APPROPRIATE PLANS OF ACTION TO CORRECT IDENTIFIED QUALITY DEFICIENCIES. TRAINING OF THIS WAS PROVIDED TO MEDICAL DIRECTOR, MEDICAL RECORDS DIRECTOR, ACTIVITIES DIRECTOR, DIETARY MANAGER, ADMINISTRATOR, SOCIAL SERVICES DIRECTOR, BUSINESS OFFICE MANAGER, DIRECTOR OF NURSING, ASSISTANT ADMINISTRATOR, HUMAN RESOURCES DIRECTOR, ASSISTANT DIRECTOR OF NURSING, HOUSEKEEPING SUPERVISOR, AND MAINTENANCE DIRECTOR ON 12-14-2012. THIS WAS COMPLETED BY THE RISK MANAGER. THE FIRST QUALITY ASSURANCE MEETING WAS HELD ON 12-14-2012. THE ABOVE POSITIONS WERE ALL IN ATTENDANCE. THE COMMITTEE WAS CHAIRED BY THE RISK MANAGER WITH OVERSITE BY THE MEDICAL DIRECTOR. DURING THE MEETING THE RISK MANAGER REVIEWED THE PURPOSE OF THE QUALITY ASSURANCE COMMITTEE AS INDICATED IN F520. THE TEAM REVIEWED POLICY/PROCEDURE RELATED TO HOT LIQUID BEVERAGE RISKS, AND THE HOT LIQUID SAFETY EVALUATION THAT IS BEING USED TO ASSESS RESIDENTS FOR SAFETY WITH HOT LIQUIDS. THE TEAM REVIEWED RESIDENTS THAT HAVE HAD INCIDENCES OF BEING BURNED AND CAUSATIVE FACTOR OF INCIDENCES. IT WAS ALSO REVIEWED THAT GORDON FOOD SERVICES LOWERED THE COFFEE POT TEMPERATURES, AND THAT THE MICROWAVE WAS REMOVED FROM NOURISHMENT ROOM. IT WAS ALSO REVIEWED THAT HAS REVIEWED THAT VISITORS ARE NOT TO BE ASSISTED OR ALLOWED TO REHEAT LIQUIDS, UNLESS COMPLETED BY THE</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/13/2012
NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055		
(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	
			<p>DIETARY DEPARTMENT WHERE APPROPRIATE TEMPERATURES MAY BE TAKEN. THE TEAM ALSO REVIEWED THE DINING SAFETY CHECKLIST TO BE UTILIZED IN MONITORING OF MEALS. EXPECTATIONS OF QUALITY ASSURANCE MEETING WERE REVIEWED WITH THE DIRECTOR OF NURSING, ASSISTANT ADMINISTRATOR, SOCIAL SERVICES DIRECTOR, RISK MANAGER, MEDICAL RECORDS DIRECTOR, ACTIVITIES DIRECTOR, DIETARY MANAGER, BUSINESS OFFICE MANAGER, AND ASSISTANT DIRECTOR OF NURSING. ON 12-18-2012 THE ADMINSTRATOR ALSO PROVIDED TRAINING TO DIETARY DEPARTMENT ON QUALITY ASSURANCE POLICY. THE RISK MANAGER ALSO PROVIDED TRAINING ON QUALITY ASSURANCE TO THE DEPARTMENT HEADS, LPNS, RNS, CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, AND NURSE AIDES, ON 12-19-2012, 12-20-2012, AND 12-21-2012. THIS TRAINING INCLUDED A COMPETENCY TEST TO DEMONSTRATE KNOWLEDGE OF QUALITY ASSURANCE. THE RISK MANAGER REVIEWED ANSWERS WITH POSITIONS TAKING THE TEST TO ENSURE UNDERSTANDING. THE QUALITY ASSURANCE TEAM WILL MEET EVERY OTHER MONTH BEGINNING IN JANUARY. ON 12-20-2012 THE ADMINISTRATOR PROVIDED A SCHEDULE FOR THE MEETINGS. THE MEDICAL DIRECTOR WAS PROVIDED A COPY OF THIS VIA EMAIL ON 1-2-2013. THE RISK MANAGER WILL ALSO BE PROVIDING TRAINING OF QUALITY ASSURANCE FOR NEW EMPLOYEES IN THE ORIENTATION PROCESS. THE ADMINISTRATOR ADDEDDED THE RIVER'S BEND RETIREMENT COMMUNITY INSERVICE CALENDAR TO ENSURE THAT TRAINING IS PROVIDED ON QUALITY ASSURANCE AT LEAST QUARTERLY.</p>		

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055		
(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	
			<p>TO</p> <p>CRITERIA #4</p> <p>TO ENSURE MONITORING OF MEAL TIMES TO ENSURE INTERVENTIONS ARE BEING FOLLOWED AS WELL IT WAS DISCUSSED THAT RIVER'S BEND RETIREMENT COMMUNITY'S DEPARTMENT HEADS WILL MONITOR ONE MEAL ONE TIME A DAY X3 WEEKS. A SCHEDULE WAS DEVELOPED BY THE RISK MANAGER ON 12-17-2012 THE DEPARTMENT HEADS DOING THE MONITORING INCLUDE THE ADMINISTRATOR, ASSISTANT ADMINISTRATOR, DIRECTOR NURSING, ASSISTANT DIRECTOR OF NURSING, RN SUPERVISOR, ACTIVITIES DIRECTOR, SOCIAL SERVICES DIRECTOR, ACTIVITIES DIRECTOR, RISK MANAGER, MAINTENANCE DIRECTOR, DIETARY MANAGER, AND MEDICAL RECORDS DIRECTOR. FOR THE PURPOSE OF THIS DOCUMENT THESE POSTIONS WILL BE CALLED DEPARTMENT HEADS. ON 12-14-2012 THE DINING CHECKLIST WAS DEVELOPED BY THE RISK MANAGER, AND DIRECTOR OF CLINICAL OPERATIONS. TRAINING WAS PROVIDED ON 12-14-2012 TO DEPARTMENT HEADS BY THE CLINICAL DIRECTOR OF OPERATIONS.</p>		

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055	
(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
			<p>THE ADMINSTRATOR ALSO PROVIDED TRAINING ON THE DINING CHECK LIST ON 12-17-2012. THE DINING DUTY COMPLIANCE CHECK OFF INDICATES THAT THE DEPARTMENT HEADS SHOULD BE MONITORING/OBSERVING TO ENSURE THAT POLICY AND PROCEDURES FOR TO LIMITING HOT BEVERAGES POLICY AND PROCEDURES IS BEING FOLLOWED. THIS INCLUDES ENSURING DRINKING CUPS HAVE NOT BEEN OVERFILLED, HOT BEVERAGES ARE PLACED AWAY FROM THE EDGE OF THE TABLE. HOT BEVERAGES SHOULD BE NEAR RESIDENTS DOMINANT HAND, THAT IT HAS BEEN EXPLAINED THAT BEVERAGES ARE HOT TO RESIDENTS, BEVERAGE IS PLACED IN FIELD OF VISION, HOT LIQUIDS ARE COVERED WHILE BEING TRANSPORTED BY STAFF, RESIDENT HAS APPROPRIATE ADAPTIVE EQUIPMENT, IDENTIFYING RESIDENTS WHO MAY BE AT A GREATER RISK FOR SPILLING OF HOT LIQUIDS ON THEMSELVES, RESIDENTS ARE NOT AMBULATING WITH HOT LIQUIDS, AND RESIDENTS HAVE CLOTHING PROTECTORS ON. WHEN AN ISSUE IS IDENTIFIED VIA MONITORING, IF WARRANTED THE COMPREHENSIVE CARE PLAN AND THE CERTIFIED NURSE AIDE CARE PLAN WILL BE REVISED, AND A HOT LIQUIDS SAFETY EVALUATION COMPLETED BY CHARGE NURSES OR ADMINISTRATIVE NURSING. TRAINING WAS PROVIDED TO NURSING STAFF ON THIS BY THE ADMINISTRATOR AND DIRECTOR OF NURSING ON 12/13/2012 AND 12-15-2012. TRAINING WAS ALSO PROVIDED TO DEPARTMENT HEADS ON THIS TOPIC ON 12-17-2012. ALL COMPREHENSIVE CARE PLANS AND CERTIFIED NURSE AIDE CARE PLANS WILL BE AUDITED IN RELATION TO HOT LIQUID SAFETY BY ADMINISTRATIVE NURSING ONE TIME A QUARTER FOR THE NEXT 12 MONTHS. AFTER THE 3 WEEK PERIOD OF DINING DUTY COMPLIANCE IS COMPLETED 3 MEALS A WEEK WILL BE MONITORED BY THE DEPARTMENT HEADS FOR THE NEXT QUARTER.</p>	

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 390 BEECH ST. KUTTAWA, KY 42055	
(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
			<p>AND THEN ONE MEAL A WEEK WILL BE MONITORED BY THE DEPARTMENT HEADS. THIS WILL BE ONGOING. TRAINING WILL BE PROVIDED ON THIS TO DEPARTMENT HEADS BY THE ADMINISTRATOR ON 1/7/2013. IF ANY ADDITIONAL INCIDENCES OF A RESIDENT BEING BURNED OCCUR, THAT RESIDENT WILL BE PROVIDED ANOTHER HOT LIQUID SAFETY EVALUATION TO DETERMINE IF ANY FURTHER SUPPORTS ARE NEEDED TO BE ADDED TO THE COMPREHENSIVE AND CERTIFIED NURSE AIDE CARE PLAN. THIS WILL BE COMPLETED BY THE CHARGE NURSE OR ADMINISTRATIVE NURSING. TRAINING ON THIS HAS BEEN PROVIDED BY THE DIRECTOR OF NURSING ON 12-13-2012 AND 12-15-2012 TO LICENSED NURSING DINING DUTY CHECKLISTS WILL BE REVIEWED 2X A MONTH BY THE INCIDENT REVIEW COMMITTEE. THE INCIDENT REVIEW COMMITTEE INCLUDES THE ADMINISTRATOR, A MEMBER OF ADMINISTRATIVE NURSING, THE SOCIAL SERVICES DIRECTOR, RISK MANAGER, AND ACTIVITIES DIRECTOR. THE INCIDENT COMMITTEE MEETS AT LEAST 3X'S A WEEK TO REVIEW RESIDENT SPECIFIC INCIDENCES, BUT WILL ALSO REVIEW DINING DUTY CHECKLISTS 2X A MONTH. THE INCIDENT REVIEW COMMITTEE MEMBERS WILL BE PROVIDED TRAINING ON THIS BY THE ADMINISTRATOR ON 1/7/2013.</p> <p>MEAL TIME TRAY CARDS ARE PROVIDED BY THE DIETARY DEPARTMENT FOR EACH MEAL. THESE TRAY CARDS INDICATE ASSISTIVE DEVICES NEEDED FOR EACH MEAL. THE DIETARY MANAGER DID AN AUDIT OF THESE TRAY CARDS ON 12-18-2012 TO ENSURE THAT THEY MATCH THE COMPREHENSIVE AND CNA CARE PLANS. THE DIETARY MANAGER WILL OBSERVE TWO MEALS A WEEK FOR THE NEXT 6 MONTHS TO ENSURE THAT SUPPORTS ARE BEING PROVIDED AS INDICATED ON THE COMPREHENSIVE CARE PLAN AND CERTIFIED NURSE AIDE CARE PLAN. THE DIETARY MANAGER WAS PROVIDED TRAINING ON EXPECTATION ON 12-18-2012 BY THE ADMINISTRATOR.</p>	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/13/2012
NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42056		
(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	
			<p>RIVER'S BEND RETIREMENT COMMUNITY WILL MAINTAIN A QUALITY ASSURANCE COMMITTEE CONSISTING OF THE MEDICAL DIRECTOR, DIRECTOR OF NURSING, AND THREE OTHER COMMITTEE MEMBERS. THE TEAM WILL MEET EVERY OTHER MONTH TO IDENTIFY ISSUES WHICH QUALITY ASSESSMENT AND ASSURANCE ACTIVITIES ARE NECESSARY. THE TEAM WILL ALSO DEVELOP AND IMPLEMENT APPROPRIATE PLANS OF ACTION TO CORRECT IDENTIFIED QUALITY DEFICIENCIES. TRAINING OF THIS WAS PROVIDED TO MEDICAL DIRECTOR, MEDICAL RECORDS DIRECTOR, ACTIVITIES DIRECTOR, DIETARY MANAGER, ADMINISTRATOR, SOCIAL SERVICES DIRECTOR, BUSINESS OFFICE MANAGER, DIRECTOR OF NURSING, ASSISTANT ADMINISTRATOR, HUMAN RESOURCES DIRECTOR, ASSISTANT DIRECTOR OF NURSING, HOUSEKEEPING SUPERVISOR, AND MAINTENANCE DIRECTOR ON 12-14-2012. THIS WAS COMPLETED BY THE RISK MANAGER. THE FIRST QUALITY ASSURANCE MEETING WAS HELD ON 12-14-2012. THE ABOVE POSITIONS WERE ALL IN ATTENDANCE. THE COMMITTEE WAS CHAIRED BY THE RISK MANAGER WITH OVERSITE BY THE MEDICAL DIRECTOR. DURING THE MEETING THE RISK MANAGER REVIEWED THE PURPOSE OF THE QUALITY ASSURANCE COMMITTEE AS INDICATED IN F520. THE TEAM REVIEWED POLICY/PROCEDURE RELATED TO HOT LIQUID BEVERAGE RISKS, AND THE HOT LIQUID SAFETY EVALUATION THAT IS BEING USED TO ASSESS RESIDENTS FOR SAFETY WITH HOT LIQUIDS. THE TEAM REVIEWED RESIDENTS THAT HAVE HAD INCIDENCES OF BEING BURNED AND CAUSATIVE FACTOR OF INCIDENCES. IT WAS ALSO REVIEWED THAT GORDON FOOD SERVICES LOWERED THE COFFEE POT TEMPERATURES, AND THAT THE MICROWAVE WAS REMOVED FROM NOURISHMENT ROOM. IT WAS ALSO REVIEWED THAT HAS REVIEWED THAT VISITORS ARE NOT TO BE ASSISTED OR ALLOWED TO REHEAT LIQUIDS, UNLESS COMPLETED BY THE</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/13/2012
NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055	
(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
			<p>DIETARY DEPARTMENT WHERE APPROPRIATE TEMPERATURES MAY BE TAKEN. THE TEAM ALSO REVIEWED THE DINING SAFETY CHECKLIST TO BE UTILIZED IN MONITORING OF MEALS. EXPECTATIONS OF QUALITY ASSURANCE MEETING WERE REVIEWED WITH THE DIRECTOR OF NURSING, ASSISTANT ADMINISTRATOR, SOCIAL SERVICES DIRECTOR, RISK MANAGER, MEDICAL RECORDS DIRECTOR, ACTIVITIES DIRECTOR, DIETARY MANAGER, BUSINESS OFFICE MANAGER, AND ASSISTANT DIRECTOR OF NURSING. ON 12-18-2012 THE ADMINISTRATOR ALSO PROVIDED TRAINING TO DIETARY DEPARTMENT ON QUALITY ASSURANCE POLICY. THE RISK MANAGER ALSO PROVIDED TRAINING ON QUALITY ASSURANCE TO THE DEPARTMENT HEADS, LPNS, RNS, CERTIFIED MEDICATION TECHS., CERTIFIED NURSE AIDES, AND NURSE AIDES, ON 12-19-2012, 12-20-2012, AND 12-21-2012. THIS TRAINING INCLUDED A COMPETENCY TEST TO DEMONSTRATE KNOWLEDGE OF QUALITY ASSURANCE. THE RISK MANAGER REVIEWED ANSWERS WITH POSITIONS TAKING THE TEST TO ENSURE UNDERSTANDING. THE QUALITY ASSURANCE TEAM WILL MEET EVERY OTHER MONTH BEGINNING IN JANUARY ON 12-20-2012 THE ADMINISTRATOR PROVIDED A SCHEDULE FOR THE MEETINGS. THE MEDICAL DIRECTOR WAS PROVIDED A COPY OF THIS VIA EMAIL ON 1-2-2013. THE RISK MANAGER WILL ALSO BE PROVIDING TRAINING OF QUALITY ASSURANCE FOR NEW EMPLOYEES IN THE ORIENTATION PROCESS. THE ADMINISTRATOR ADDEDDED THE RIVER'S BEND RETIREMENT COMMUNITY INSERVICE CALENDAR TO ENSURE THAT TRAINING IS PROVIDED ON QUALITY ASSURANCE AT LEAST QUARTERLY.</p>	