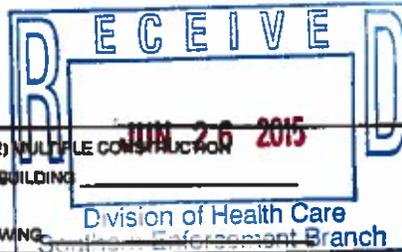


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 06/02/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Division of Health Care Enforcement Branch	(X3) DATE SURVEY COMPLETED C 05/18/2015
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NAME OF PROVIDER OR SUPPLIER CORBIN HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 270 BACON CREEK ROAD CORBIN, KY 40702
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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 000	INITIAL COMMENTS	F 000		
F 205 SS=D	<p>483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR</p> <p>Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review it was determined the facility failed to provide written notice which specified the duration of the facility's bed-hold policy to a resident and family member at the time of transfer for one (1) of three (3) sampled residents (Resident #1). A review of the medical record for</p>	F 205	- See attached.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rebecca A. Wier TITLE: Admin. Strator (X6) DATE: 6-26-15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER CORBIN HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 270 BACON CREEK ROAD CORBIN, KY 40702		
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F 205	<p>Continued From page 1</p> <p>Resident #1 revealed the resident was transferred to a local hospital on 03/25/15. A review of Resident #1's record and interviews with facility staff revealed the resident or his/her family member was not notified of the facility's bed-hold policy before or at the time of transfer to the hospital as required on 03/25/15.</p> <p>The findings include:</p> <p>Review of the facility policy titled "Bed Hold Policy," not dated, revealed facility staff was to hold the resident's bed for hospital visits up to 14 days per year. However, the policy did not direct staff to notify the resident or a family member of any information related to the duration of the facility's bed-hold policy. The policy also had not directed staff to notify the resident or his/her family member of information related to when the resident was permitted to return and resume residence in the nursing facility before and at the time of transfer, as required.</p> <p>Review of the medical record for Resident #1 revealed the facility admitted the resident on 04/20/10 with diagnoses that included All-Terrain Vehicle (ATV) Accident with brain injury and Depression. Review of an Annual Minimum Data Set Assessment (MDS) dated 02/20/15 revealed the resident required extensive assistance from staff with dressing and bathing. Facility staff had assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 15 and to be interviewable. However, the resident had been discharged from the facility and was unable to be interviewed during the investigation.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 05/18/15 at 12:35 PM revealed she transferred</p>	F 205	- See Attached.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185388	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2015
NAME OF PROVIDER OR SUPPLIER CORBIN HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 276 BACON CREEK ROAD CORBIN, KY 40702		
(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 205	<p>Continued From page 2</p> <p>Resident #1 to the hospital on 03/25/15. The LPN stated she had not provided the resident or his/her family member with any written or verbal information related to the facility's bed-hold policy. LPN #1 stated she had never been trained to provide residents or a family member with bed-hold information when they were transferred to the hospital.</p> <p>Interview with the facility's Admissions Coordinator (AC) on 05/18/15 at 1:00 PM revealed she had been trained by the previous AC (no longer employed at the facility) that the facility Resident #1 was transferred to was a "free standing" psychiatric facility. She stated she had been trained that when a resident was transferred to a "free standing" psychiatric facility they had to be discharged from the facility if they had Medicaid insurance; therefore, bed-hold days would not be provided to the resident. She stated someone from the hospital that Resident #1 was transferred to had contacted her (unable to remember date/time) with an attempt to transfer the resident back to the facility. The AC stated she informed hospital staff that the resident had been discharged, and there was no longer a bed available for the resident.</p> <p>Interview with the facility's Billing Coordinator on 05/18/15 at 1:15 PM confirmed she had discharged Resident #1 from the facility's system on 03/27/15 (two days after the resident was transferred to the hospital). She stated with Resident #1's insurance coverage the resident should have had bed-hold days available, but was instructed to discharge the resident on 03/27/15. She stated the previous AC (no longer employed at the facility) had told her that the resident was transferred to a "free standing" facility and the</p>	F 205	- See attached.		

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NAME OF PROVIDER OR SUPPLIER CORBIN HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 270 BACON CREEK ROAD CORBIN, KY 40702		
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F 205	<p>Continued From page 3</p> <p>resident's insurance would not cover bed-hold days. Therefore, the resident was discharged from the facility. The Billing Coordinator stated she had not called the facility where Resident #1 was transferred to verify if the facility was a "free standing" facility and stated, "I did as I was told."</p> <p>Interview on 05/18/15 at 1:37 PM with the Assistant Director (AD) from the hospital Resident #1 was transferred to revealed their facility was not a "free standing" facility. The AD stated Resident #1's insurance and stay at the hospital would not have affected the resident's bed-hold status at the long-term care (LTC) Facility. The AD stated the LTC facility had been contacted on 03/30/15 (five days after admission to the hospital) to transfer the resident back to the LTC facility, but was notified by facility staff the resident no longer had a bed available at the LTC facility.</p> <p>Interview with the Director of Nursing (DON) on 05/18/15 at 2:50 PM revealed nurses had not been trained to provide any bed-hold information to residents before or when they were transferred to the hospital. The DON acknowledged Resident #1 had not been provided with the required information when the resident was transferred to the hospital on 03/25/15 and was not aware it was a regulatory requirement.</p> <p>Interview with the Administrator on 05/18/15 at 3:10 PM revealed facility residents or a family member were not notified of bed-hold policy information at the time of transfer to the hospital. She stated she was not aware the facility was required to provide bed-hold information to the resident or a family member before or at the time of transfer. The Administrator stated billing staff</p>	F 205	- See attached.		

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F 205	Continued From page 4 had notified her that the facility Resident #1 was transferred to was a "free standing" psychiatric facility, and therefore the resident was not given any bed-hold days, and was discharged from the facility. The Administrator stated she had spoken with staff at the psychiatric facility, after the resident's bed-hold days would have expired, and was notified that the facility was not a "free standing" facility. The Administrator acknowledged "someone should have" talked to hospital staff to verify that the facility was a "free standing" facility when Resident #1 was transferred and prior to the resident being discharged from the facility.	F 205	- See attached.		