

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

PRINTED: 07/09/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/25/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MORGANFIELD NURSING &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>509 NORTH CARRIER ST. MORGANFIELD, KY 42437</b>
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<p>F 000</p> <p>F 312 SS=D</p>	<p><b>INITIAL COMMENTS</b></p> <p>An abbreviated survey (KY #20354) was conducted on 06/24/13 through 06/25/13 to determine the facility's compliance with Federal requirements. KY #20354 was substantiated with a deficiency cited.</p> <p><b>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</b></p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to maintain personal oral hygiene for one (1) resident (#1), in the selected sample of three (3) residents. The resident was identified as having food caked in his/her dentures and the bottom teeth on arrival at the hospital.</p> <p>Findings include:</p> <p>A record review revealed Resident #1 was admitted to the facility with diagnoses to include Dementia with Psychosis, Depression, Anxiety and Mood Disorder. A review of a quarterly Minimum Data Set (MDS) assessment, dated 06/05/13, revealed the facility assessed Resident #1's cognition as severely impaired and as requiring the extensive assistance of one staff for hygiene and was totally dependent on staff for</p>	<p>F 000</p> <p>F 312</p>	<p>Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within ten (10) days of the survey as a condition to participate in Title 18 and Title 19 programs. The submission of the plan of correction within this time frame should in no way be construed or considered as an agreement with the allegations of noncompliance or</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: May G. Wood TITLE: Administrator (X6) DATE: 7/12/13

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 312	<p>Continued From page 1 bathing.</p> <p>A review of the hospital admission head to toe physical assessment, dated 06/10/13, revealed the resident had a fetid mouth odor; red, swollen, bleeding gums; and had pocketed food in his/her mouth. The food was caked in the dentures and bottom regular/own teeth. Hospital Registered Nurse (RN) #1 attempted to brush the bottom teeth and gums which immediately began bleeding. She had to provide oral care with a toothette times three to clean the bottom teeth.</p> <p>A review of the Comprehensive Care Plan for Activities of Daily Living (ADL), dated 10/24/12 and last revised 06/12/13, revealed staff should provide oral care twice daily and as needed.</p> <p>A review of the Resident #1's May and June 2013 Flow Sheet revealed there was a box for every shift for staff to initial oral care was completed, however, further review revealed there were no initials in the boxes for the whole month of May and from June 1 - June 13, 2013. Notations were in the boxes starting the evening of June 14, 2013 with twenty-seven (27) notations made of "RC" for routine care and five (5) notations of resident refused oral care.</p> <p>A review of the ADL Plan of Care, dated 6/14/13 to present, revealed the dentures should be replaced in the resident's mouth daily in the morning. Denture care should be provided twice on the evening shift, tooth care to be provided twice on the day shift and total mouth care should be provided twice on the day shift. The resident required one person physical assistance with limited self performance. Staff are to assist the</p>	F 312	<p>admission by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.</p> <p><b>F 312 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</b></p> <ol style="list-style-type: none"> <li>1) On June 26, 2013, the Director of Nursing observed oral care being provided to resident # 1 and oral care was provided and teeth were clean.</li> <li>2) An observation of all current residents was completed by the Director of Nursing, Assistant Director of Nursing and the Education and Training Director on June 27, 2013 to assure that oral care was provided and teeth were observed to be clean. No concerns were identified.</li> <li>3) All Licensed Nurses and Certified Nursing Assistants will be re-educated by the Education and Training</li> </ol>		

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F 312	<p>Continued From page 2</p> <p>resident with inserting the dentures and soak the dentures in cleanser at bedtime. A note was added that requires staff to check under the resident's pillow for dentures and remove and clean them.</p> <p>An interview with the Hospital RN #1, on 06/25/13 at 2:24 PM, revealed when she assessed the resident it was noted the resident had pocketed food in the mouth. The food was caked in the dentures and the bottom teeth. The RN reported when she attempted to brush the bottom teeth, the gums immediately began to bleed. It was noted the bottom gums were red and swollen. Toothette swabs were used to cleanse the gums and the dentures were brushed and cleaned.</p> <p>An observation of Resident #1, on 06/25/13 at 10:45 AM, revealed the resident was taking out the top denture from the mouth. When staff asked the resident where they were putting them, the resident responded, "under the pillow". Staff removed the denture to cleanse them. The bottom natural teeth were noted to be discolored with some decay noted.</p> <p>An interview with State Registered Nurse Aide (SRNA) #1, on 06/25/13 at 2:45 PM, revealed the resident had a bed bath the morning before transfer to the hospital on 06/10/13. The SRNA revealed the residents teeth were brushed in a hurry as transportation was waiting to take the resident.</p> <p>An interview with Licensed Practical Nurse (LPN) #1, on 06/25/13 at 3:15 PM, revealed she had been caring for the resident on 06/10/13 when the resident was taken to the hospital for g-tube</p>	F 312	<p>Director, Director of Nursing or Assistant Director of Nursing related to completion of oral care per plan of care and if a resident refuses, to re-attempt and notify the nurse if unable to complete oral care. This re-education will be completed by July 19, 2013 with no licensed nurse or certified nursing assistant working after July 19, 2013 without having received this re-education.</p> <p>4) The Director of Nursing, Assistant Director of Nursing or Education and Training Director will observe the cleanliness of teeth or dentures to assure that oral care is provided on five (5) residents per week for twelve (12) weeks. These observations will be reviewed with the Quality Assurance Committee monthly for three (3) months. If at any time the concerns are identified, the facility will convene a Quality Assurance</p>		

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F 312	Continued From page 3 placement. She reports she obtained the vital signs of the resident prior to transport to the hospital. The LPN recalls the resident was NPO for the procedure but doesn't recall any information during report regarding refusal of oral care by the resident on the previous shifts.  An interview with SRNA #2, on 6/25/13 at 3:29 PM, revealed the night shift before the resident went to the hospital the resident was in a bad mood. The SRNA stated while she was getting the resident ready for bed she asked the resident to let her do oral care. The SRNA reported that the resident tried to bite her while attempting to remove the denture. The SRNA did not get back into the room to re-attempt as she got busy with other residents. The SRNA stated she did not report this to oncoming shift at shift change.	F 312	Committee meeting to review for further recommendations as needed. The Quality Assurance Committee will consist of at a minimum the Director of Nursing, the Assistant Director of Nursing, the Social Service Director, and the Administrator with the Medical Director attending at least quarterly.  5) Correction date is 7/20/2013	2/20/13	