

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

PRINTED: 07/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/10/2015
NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF GLASGOW			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTWOOD STREET GLASGOW, KY 42141		
(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}	<p>INITIAL COMMENTS</p> <p>Based upon implementation of the acceptable POC, the facility was deemed to be in compliance 07/10/15, as alleged.</p>	{F 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			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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NAME OF PROVIDER OR SUPPLIER BARREN COUNTY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTWOOD ST. GLASGOW, KY 42141
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F 000	INITIAL COMMENTS	F 000	This plan of correction constitutes	
F 278 SS=D	<p>A Recertification Survey was conducted on 05/28/15 through 05/28/16 with deficient practice identified at the highest scope and severity of a "D".</p> <p>483.20(g) - (I) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 278	<p>Diversicare of Glasgow's credible allegation of compliance for the cited deficiencies.</p> <p>Nothing in this plan of correction should be construed as admission by the facility of any violation of state and federal statutes, regulations or standards of care. This plan of correction is to demonstrate compliance of the state and federal requirements cited during an annual survey.</p> <p>F278 183.20(g)-(I) ASSESSMENT</p> <p>1. The MDS for Resident #3 has been re-opened and coding corrected to reflect the resident requiring the assistance of one staff member during meals. The MDS for Resident #16 was also re-opened and coded correctly to capture previous fall prior to admission to the center.</p> <p>2. The center Interdisciplinary Team (MDS Coordinators, Activity Director, Social Service Director, Dietary Supervisor, Social</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Steve Brown TITLE: N.H.A. (X5) DATE: 6-23-15

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NAME OF PROVIDER OR SUPPLIER BARREN COUNTY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTWOOD ST. GLASGOW, KY 42141	
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F 27B	<p>Continued From page 1</p> <p>by: Based on observation, interview, and record review, it was determined the facility failed to accurately code the Minimum Data Set (MDS) related to eating requirements and a fall assessment for two (2) residents, in the selected sample of nineteen (19) residents (Residents #3 and #16).</p> <p>The findings include:</p> <p>1. Record review revealed the facility admitted Resident #3 on 01/24/13 with diagnoses to include Dementia with Behaviors, Dysphagia, Hypothyroidism, Paranoia, Abnormal Posture, and Depression.</p> <p>Review of the quarterly Minimum Data Set (MDS), dated 05/06/16, revealed the MDS was inaccurately coded under Section G related to eating. Review of the MDS revealed Resident #3 required the assistance of two (2) staff for eating.</p> <p>Observation, on 05/27/16 at 11:40 AM and on 05/28/16 at 11:45 AM, revealed the resident was being fed by one (1) staff member.</p> <p>Interview with the MDS Coordinator, on 06/28/16 at 9:35 AM, revealed the MDS was coded inaccurately in regard to the needs of the resident related to eating. She stated the resident was fed by one (1) staff member at all meals.</p> <p>Interview with the Director of Nursing (DON), on 05/28/16 at 3:00 PM, revealed there were no residents in the facility who required being fed by two (2) staff members and the MDS was coded inaccurately for Resident #3.</p>	F 27B	<p>F27B Continued</p> <p>Service/Activity Assistant, DNS, Unit Managers) reviews the MDS for accuracy when completing their appropriate sections. The IDT Members (MDS Coordinators, Activity Director, Social Service Director, Dietary Supervisor, Social Service/Activity Assistant, DNS, Unit Managers) will utilize observations, interviews and review documentation from outside resources to accurately code the MDS assessment. The center Interdisciplinary Team (MDS Coordinators, Activity Director, Social Service Director, Dietary Supervisor, Social Service/Activity Assistant, DNS, Unit Manager) will review MDS assessments for accuracy on all new admissions for the last 90 days. For any coding issue identified the MDS will be re-opened, coded correctly and closed and await transmission.</p> <p>3. The Interdisciplinary Team Members (MDS Coordinators, Activity Director,</p>	

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F 278	<p>Continued From page 2</p> <p>2. Record review revealed the facility admitted Resident #16 on 04/14/15 with diagnoses to include Contractures of the legs, Atrial Fibrillation, Hypertension, Symbolic Dysfunction, and Gastroesophageal Reflux Disease (GERD).</p> <p>Review of the admission MDS, dated 04/21/15, revealed the MDS was coded inaccurately under section J related to falls. Review of the MDS revealed Resident #16 had sustained a right knee injury within 30 days prior to admission requiring hospitalization.</p> <p>Further review of the MDS manual, section J1700 revealed that a fall must be assessed during the previous month and the previous six (6) months prior to admission to the facility, no matter where the fall occurred. The facility failed to complete this part of the assessment upon the resident's admission.</p> <p>Interview with the MDS Coordinator, on 05/28/15 at 1:45 PM, revealed the MDS was coded inaccurately in regard to the resident's fall assessment. She stated she must have overlooked the fall with injury which was noted in the History and Physical (H & P) from his/her hospital stay.</p> <p>Interview with the DON, on 05/28/15 at 3:02 PM, revealed the MDS was coded inaccurately for Resident #16, and stated she expected all of the coding to be completed accurately.</p>	F 278	<p>F278 Continued</p> <p>Social Service Director, Dietary Supervisor, Social Service/Activity Assistant, DNS, Unit Managers) having the responsibility for completing a portion/section of the MDS assessment have been educated by the Clinical Reimbursement Specialist on 6/22/15 reviewing documentation from outside sources prior to completion of the MDS assessment and that by signing the MDS, they are signing for accuracy of the sections they completed. The RN Assessment Coordinator will review the MDS coding prior to signing as complete. Any discrepancies identified during the review will be addressed with the discipline and corrections made prior to RN completion and submission.</p> <p>4. Any identified trends will be reviewed during the center's monthly QUAPI (MDS</p>	
F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a</p>	F 441	<p>Coordinators, Activity Director, Social Service Director, Dietary Supervisor, Social Service/Activity Assistant, DNS, Unit Managers,</p>	

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F 441	<p>Continued From page 3 safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 441	<p>F278 Continued ADON, HIMS, QA/Infection Control, Administrator, Housekeeping Supervisor) meeting for further interventions, if necessary, monthly x 2. 5. Date 7/10/15. F441 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS. Criteria 1: Resident #1 is provided catheter care in accordance with infection control standards of care, which includes applying clean gloves prior to performing catheter care and placing soiled linen in proper soiled linen bag. This procedure was observed and determined by care observations performed by the DON/Staff Development Coordinator/Unit Manager/ ADON on date 6/23/15. Criteria 2: Residents are provided catheter care in accordance with infection control standards of care, which includes</p>	

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F 441	<p>Continued From page 4</p> <p>Based on observation, interview, record review, and review of the facility's Nursing Standards of Practice (Perry and Potter Eighth (8th) Edition), it was determined the facility failed to maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection by not ensuring proper indwelling Urinary Catheter care for one (1) resident, in the selected sample of nineteen (19) residents (Resident #1).</p> <p>The findings include:</p> <p>Review of the facility's Standards of Practice, Perry and Potter Eighth (8th) Edition for Catheter Care, revealed staff performing catheter care were to apply clean gloves after organizing equipment, raising resident's bed, positioning resident and prior to starting catheter care.</p> <p>Record review revealed the facility admitted Resident #1 to the facility on 07/29/14 with diagnoses to include Paralysis Agitans, Urinary Incontinence, Lack of Coordination, Difficulty Walking, and Symbolic Dysfunction.</p> <p>Review of the quarterly Minimum Data Set (MDS) for Resident #1, dated 04/15/15, revealed a Brief Interview for Mental Status (BIMS) score of one (1), which indicated his/her cognitive status was severely impaired and he/she was unable to make informed decisions or participate in daily decision making.</p> <p>Observation of indwelling Urinary Catheter care for Resident #1 by Nursing Tech (NT) #1 on 05/28/15 at 10:35 AM, revealed NT #1 put gloves on prior to setting up catheter care for Resident</p>	F 441	<p>F441 Continued</p> <p>applying clean gloves prior to performing catheter care and placing soiled linen in proper soiled linen bag. This procedure was observed and determined by care observations performed by DON/Staff Development Coordinator/Unit Manager/ADON on date 6/23/15.</p> <p>Criteria3: Facility nursing assistants have received in service education on the provision of catheter care in accordance with infection control standards of care which included, but was not limited to: changing gloves prior to performing catheter care and placing soiled linen in proper soiled linen bag as provided by the DON/Staff Development Coordinators/Unit Managers/ADON on date 6/23/15.</p> <p>Criteria 4: Catheter care observation were performed for facility nursing assistants by the DON/Staff Development Coordinator/ Unit Managers, ADON to determine that</p>	
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F 441	<p>Continued From page 5</p> <p>#1. NT #1 proceeded to set up the wash basin with clean water and a cleansing agent along with placing two (2) clean wash clothes in the basin. NT #1 repositioned the resident, using the bed controls to raise the bed. The NT removed the linen covering the resident, as well as the resident's clothing on his/her lower extremity. The NT then proceeded to perform catheter care without changing gloves prior to initiating catheter care. NT #1 had a wash basin with clean water and a cleansing agent in the basin along with two (2) clean wash cloths in the basin, which were used to perform his/her catheter care. Further observation revealed NT #1, after using a soiled wash cloth, placed it in the basin with a clean wash cloth, and then proceeded to take the clean wash cloth from the basin and completed the resident's catheter care.</p> <p>Interview with NT #1, on 05/28/15 at 10:38 AM, revealed she should have donned clean gloves after setting up for the resident's catheter care, and prior to performing the catheter care. Further interview revealed she should have placed the soiled wash cloth in a soiled linen bag after use, and not in the clean basin with the clean wash cloth.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 05/28/15 at 10:43 AM, revealed clean gloves were to be donned prior to starting catheter care, and soiled linen was to be placed in a soiled linen bag, not in the basin with the clean linen.</p> <p>Interview with LPN #2 (Infection Control Nurse), on 05/28/15 at 10:55 AM, revealed the staff who provide catheter care must put on clean gloves prior to starting catheter care. The staff were to place soiled linen in a bag once the staff were</p>	F 441	<p>F441 Continued</p> <p>they are providing this in accordance with infections control standards of care.</p> <p>The CQI indicator for the monitoring of compliance with infection control standards during catheter care will be utilized monthly x 2 months and then quarterly thereafter under the supervision of the DON.</p> <p>Criteria 5: Date 6/23/15.</p>		

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F 441	<p>Continued From page 6 done using the linen, and not be placed in with the clean linen.</p> <p>Interview with the Assistant Director of Nursing (ADON), on 05/28/16 at 10:45 AM, revealed staff were expected to follow the facility's standards of practice in regard to catheter care, which stated clean gloves were to be applied prior to initiating catheter care. Further interview further soiled linen was to be placed in a soiled linen bag and not with the clean linen, which was to be used to complete catheter care.</p> <p>Interview with the Director of Nursing (DON), on 05/28/16 at 10:48 AM, revealed she expected the staff to put clean gloves on prior to initiating catheter care. The DON further revealed soiled linen was to be placed in a soiled linen bag and not with the clean linen which was to be used to complete catheter care.</p>	F 441			

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NAME OF PROVIDER OR SUPPLIER BARREN COUNTY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTWOOD ST. GLASGOW, KY 42141	
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K 000	<p>INITIAL COMMENTS</p> <p>GFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01.</p> <p>PLAN APPROVAL: 1978.</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (211).</p> <p>SMOKE COMPARTMENTS: Eight (8) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 1978, and upgraded in 2007 with smoke detectors and heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system installed in 1978 and upgraded in 1999.</p> <p>GENERATOR: Type II generator installed in 1989. Fuel source is Natural Gas.</p> <p>A standard Life Safety Code Survey was conducted on 05/28/15. The facility was found to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for ninety-four (94) beds with a census of ninety one (91) on the day of the survey.</p>	K 000		



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

Steve Brown

TITLE

N.H.A

(X6) DATE

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