

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

PRINTED: 02/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185254	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2013
NAME OF PROVIDER OR SUPPLIER RIDGWAY NURSING & REHABILITATION FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 406 WYOMING ROAD OWINGSVILLE, KY 40360	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An Abbreviated Survey investigating KY#00019739 was initiated and concluded on 02/11/13. KY#00019739 was substantiated with deficiencies cited.	F 000	Ridgeway Nursing and Rehabilitation does not believe nor does the facility admit that any deficiencies exist.	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy, it was determined the facility failed to ensure Physician's orders were followed for one (1) of three (3) sampled residents. (Resident #1). The facility failed to ensure Resident #1's Physician's order to hold aspirin (ASA) 81 milligrams (mg) for 01/09/13 through 01/16/13 was implemented resulting in a delay in Resident's #1's scheduled procedure. In addition the facility failed to ensure Resident #1's Physician's order for Resident #1 to have nothing by mouth (NPO) after midnight on 01/16/13 and again on 01/29/13 was implemented resulting in a delay in a scheduled surgical procedure. The findings include: Review of the facility's protocol titled, "Dietary Order Communication", no date, stated that Physician's orders for a diet change need to be written on the duplicate dietary communication order sheet and the original white copy is to be	F 281	Ridgeway Nursing and Rehabilitation reserves all rights to contest the survey findings through informal dispute resolution, legal appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard care, contract, obligation or position. Ridgeway Nursing and Rehabilitation reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which	

ORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Sally Beck TITLE Administrator (X6) DATE 03-08-13

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 participation.

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NAME OF PROVIDER OR SUPPLIER RIDGEWAY NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 406 WYOMING ROAD OWINGSVILLE, KY 40360
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F 281 : Continued From page 1
sent to the dietary department.

Review of the clinical record for Resident #1 revealed the facility admitted him/her on 04/07/11 with diagnoses which included Chronic Kidney Disease, Vitamin B 12 Deficiency, Ectropian, Legal Blindness, Hearing Loss, Right Hip Fracture, Hypertension and Stage I Decubitus Right Heel.

Review of the Physician's order, dated 12/28/12, revealed an order to hold ASA 81 mg from 01/09/13 through 01/16/13 for a scheduled surgical procedure.

Review of the Medication Administration Record (MAR) for January 2013 revealed Resident #1 received ASA 81 mg during the timeframe it was to be held (01/09/13 through 01/16/13).

Review of the Physician's order, dated 01/15/13, revealed an order for Resident #1 to be NPO after midnight on 01/15/13 for a scheduled surgical procedure on 01/16/13.

Review of the Dietary Intake record for January revealed Resident #1 received and consumed 50% of breakfast on 01/16/13.

Review of the Physician's order, dated 01/29/13, revealed an order for Resident #1 to be NPO after midnight on 01/29/13 for a scheduled surgical procedure on 01/30/13.

Review of the Dietary Intake record for January revealed Resident #1 received and consumed 25% of breakfast on 01/30/13.

F 281 Ridgeway Nursing and Rehabilitation does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action, or proceeding. Ridgeway Nursing and Rehabilitation offers its responses, credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality care to residents.

F 281 It is and was on the day of survey the policy of Ridgeway Nursing and Rehabilitation to provide services which meet professional standards of quality.

1. Resident #1 had a facial lesion removed on 2/1/13. The area has since healed.

2. All resident orders are reviewed daily (Monday – Friday). Saturday and Sundays orders are reviewed on Monday by the Assistant Administrator, Director of Nursing and QA nurse to ensure all orders are implemented and services are provided as ordered.

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F 281 Continued From page 2
Interview with the Dietary Manager (DM), on 02/11/13 at 4:20 PM, revealed her department did not receive the dietary change form per protocol for 01/30/13 and that is why Resident #1 received a breakfast tray.

Interview with Licensed Practical Nurse (LPN) #3, on 02/11/13 at 4:40 PM, revealed she remembered not writing the dietary change order per protocol.

Interview with the Acting Administrator, on 02/11/13 at 2:30 PM, revealed that Resident #1's son made all the appointments for him/her and that made it hard for the facility to keep up with what was going on with Resident #1 in regard to appointments.

Interview with the Director of Nursing (DON) and the Acting Administrator, on 02/11/13 at 4:45 PM, revealed the expectation was for staff to follow Physician's orders.

F 281 3. An appointment book has been initiated. This is used to record any pre-operative instructions, transportation issues and date and time of the appointments. The nurses will take the appointment book to report daily to review any pending appointments. An in-service was conducted with all licensed staff on 1/31/13 to review the above.

4. As part of the facility's ongoing quality assurance program, the Director of Nursing will weekly (on Monday) check the appointment book for any special procedures and necessary preparations. This will ensure all orders are implemented appropriately as ordered.

S. 03-01-13