

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MAY 27 2015</b> 185240	(X2) WING A BUILDING B WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED  <b>04/30/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIDDLESBORO HEALTH CARE FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP <b>CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40965</b>
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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
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<p>F 000</p> <p>F 164 SS=D</p>	<p><b>INITIAL COMMENTS</b></p> <p>A standard health survey was conducted on 04/28-30/15. Deficient practice was identified with the highest scope and severity at "D" level. 483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced</p>	<p>F 000</p> <p>F 164</p>	<p><b>Disclaimer</b> Middlesboro Nursing and Rehabilitation Facility does not believe and does not admit that any deficiencies existed before, during or after survey. Middlesboro Nursing and Rehabilitation Facility reserves all rights to contest the survey findings through Informal dispute resolution, formal 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 meant to establish any standard of care, contract obligation or position. And, Middlesboro Nursing and Rehabilitation Facility reserves all rights to raise all possible contentions and defenses or proceedings. 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 Middlesboro Nursing and Rehabilitation Facility does not waive, and reserves the right to assert in any administrative, civil, or criminal claim action or proceeding.</p> <p><b>F 164</b> It is and was on the day of the survey, the policy of Middlesboro Nursing and Rehabilitation Facility to assure all residents have the right to personal privacy and confidentiality including privacy during personal ADL care.</p> <p>1. Resident 13 catheter care will be provided following the privacy policy. When providing care, the cubicle curtain will be pulled entirely around resident's bed or the residents' door closed as well as the blinds closed as indicated per the facility policy to assure privacy with one of the above barriers.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator</b>	(X6) DATE <b>5/27/15</b>
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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.

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

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FORM APPROVED  
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NAME OF PROVIDER OR SUPPLIER  MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 236 NEW WILSON LANE MIDDLESBORO, KY 40965		
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F 164	<p>Continued From page 1</p> <p>by:</p> <p>Based on observation, interview, record review, and review of the facility's policy, it was determined the facility failed to ensure privacy was provided during personal care (incontinence care) for one (1) of nineteen (19) sampled residents (Resident #13). Observation of incontinence care for Resident #13 revealed staff failed to pull the curtain around the bed and close the door to provide privacy during care.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Dignity," dated 08/01/13, revealed the residents had the right for the staff to promote, maintain, and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures.</p> <p>Review of the medical record for Resident #13 revealed the facility admitted the resident on 04/09/15 with diagnoses that included Acute Renal Failure, Benign Prostatic Hypertrophy (BPH), Dementia, and Urinary Retention. Further review of the record revealed Resident #13 had a physician's order for an indwelling urinary catheter.</p> <p>Observation of catheter care was conducted on 04/30/15 at 10:10 AM with Certified Nurse Aide (CNA) #1 and CNA #2. Observations of the room revealed the door to Resident #13's room was open and the privacy curtain was not pulled around Resident #13's bed when catheter care was provided allowing the resident to be seen from the hallway.</p> <p>Interview with CNA #1 on 04/30/15 at 10:27 AM</p>	F 164	<p>F 164 (Cont.)</p> <p>2. All residents receiving assistance with in room care requiring privacy will have blinds closed and the privacy curtain pulled or the resident room door closed, as indicated. A magnetic sign stating "care is in progress" can be attached to the exterior frame of the door.</p> <p>3. All nursing staff have been re-educated regarding the dignity and privacy policy while providing in room personal hygiene including catheter care. A step by step competency assures staff compliance with providing privacy; blinds will be closed and door or curtain utilized. In addition, a blue magnetic sign :care in progress" can be used and attached to the exterior metal frame outside the resident's doors to assure further privacy and decrease interruptions. The Education Agenda, Attachment #1, dated 5/19/2015 addressing Dignity and Privacy is attached. Staff were educated on 5/19/2015 assuring compliance. Competency checks with the Staff Development nurse including dignity and privacy are scheduled to assure continued compliance. Attachment #2.</p> <p>4. A monthly quality assurance observation tool assigned by the Quality Assurance nurse to the quality of care team will select a sample of residents to observe when receiving nursing assistance with care to assure compliance with dignity and privacy. The Quality Assurance nurse observes the staff practicing the use of privacy visual barriers. In addition, a questionnaire utilized quarterly in resident council will be discussed with the residents regarding privacy and dignity practices used by nursing staff to determine compliance. The quality assurance tools are attachments #3, #4, and #6.</p> <p>5. May 20, 2015.</p>		

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NAME OF PROVIDER OR SUPPLIER  MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40966		
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F 164	Continued From page 2 revealed the curtain, blinds, and door should be closed if the resident could be seen from the hallway.  Interview with CNA #2 on 04/30/15 at 10:32 AM revealed staff should pull the curtains around the bed if the door was left open.  Interview with Licensed Practical Nurse (LPN) #1 on 04/30/15 at 11:00 AM revealed the staff was to close doors and curtains when providing resident care.  Interview with the Director of Nursing (DON) on 04/30/15 at 11:15 AM revealed the facility taught all nursing staff to close the door and pull the curtain for privacy when providing care.	F 164			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and review of facility policies, it was determined the facility failed to provide care according to the plan of care related to catheter care for two (2) of nineteen (19) sampled residents (Resident #13 and Resident #16). Review of the record for Resident #13 and Resident #16 revealed physician's orders for indwelling catheters and care plan interventions for catheter care. Observations of catheter care revealed the	F 282	F 282  It is and was on the day or the of the survey the practice and policy of Middlesboro Nursing and Rehabilitation Facility to assure the residents care plan develops the residents' daily care routines.  1. Resident 13 has a leg strap/anchor properly securing an indwelling catheter to prevent movement of the catheter and the device usage is noted on the caregiver's daily care routine as directed by the plan of care.  Resident 16 has a leg strap/anchor properly securing an indwelling catheter to prevent movement of the catheter and the device usage is noted on the caregiver's daily care routine as directed by the plan of care. Attachment #13 reflects a CNA daily assignment plan of care noting anchors if applicable.		

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NAME OF PROVIDER OR SUPPLIER  <b>MIDDLESBORO HEALTH CARE FACILITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>235 NEW WILSON LANE MIDDLESBORO, KY 40965</b>		
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F 282	<p>Continued From page 3</p> <p>indwelling catheters for Resident #13 and Resident #16 were not anchored to the residents' legs according to the facility policy.</p> <p>The findings include:</p> <p>Review of the facility policy, "Using the Care Plan," dated 08/01/13 revealed the care plan would be used to develop the resident's daily care routines. The policy further stated care and documentation must be consistent with the resident's care plan.</p> <p>Review of the facility policy titled "Catheter Associated Urinary Tract Infection (CAUTI) Prevention," undated, revealed a leg strap or tape was to be used to secure the indwelling catheter properly to prevent movement of the catheter. The policy also stated hand hygiene should be done immediately before and after inserting or manipulating a catheter.</p> <p>1. Review of the medical record for Resident #13 revealed the facility readmitted the resident on 04/09/15 with diagnoses that included Acute Renal Failure, Benign Prostatic Hypertrophy (BPH), Dementia, and Urinary Retention. Further review of the record revealed a physician's order for an indwelling catheter dated 04/09/15 to be changed monthly. Review of the quarterly Minimum Data Set (MDS) assessment dated 04/03/15 revealed Resident #13 required the total assistance of two (2) persons for toileting and bathing. The MDS also revealed Resident #13 was cognitively impaired and not interviewable. Review of the Comprehensive Care Plan for Resident #13 dated 04/03/15 revealed staff was required to perform indwelling catheter care every shift and as needed.</p>	F 282			

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		B WING	

NAME OF PROVIDER OR SUPPLIER  MIDDLESBORO HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 236 NEW WILSON LANE MIDDLESBORO, KY 40966
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F 282	<p>Continued From page 3</p> <p>indwelling catheters for Resident #13 and Resident #16 were not anchored to the residents' legs according to the facility policy.</p> <p>The findings include:</p> <p>Review of the facility policy, "Using the Care Plan," dated 08/01/13 revealed the care plan would be used to develop the resident's daily care routines. The policy further stated care and documentation must be consistent with the resident's care plan.</p> <p>Review of the facility policy titled "Catheter Associated Urinary Tract Infection (CAUTI) Prevention," undated, revealed a leg strap or tape was to be used to secure the indwelling catheter properly to prevent movement of the catheter. The policy also stated hand hygiene should be done immediately before and after inserting or manipulating a catheter.</p> <p>1. Review of the medical record for Resident #13 revealed the facility readmitted the resident on 04/09/15 with diagnoses that included Acute Renal Failure, Benign Prostatic Hypertrophy (BPH), Dementia, and Urinary Retention. Further review of the record revealed a physician's order for an indwelling catheter dated 04/09/15 to be changed monthly. Review of the quarterly Minimum Data Set (MDS) assessment dated 04/03/15 revealed Resident #13 required the total assistance of two (2) persons for toileting and bathing. The MDS also revealed Resident #13 was cognitively impaired and not interviewable. Review of the Comprehensive Care Plan for Resident #13 dated 04/03/15 revealed staff was required to perform indwelling catheter care every shift and as needed.</p>	F 282	<p>F 282 (Cont.)</p> <p>2. All residents with indwelling catheters have anchors for catheters to properly secure and to prevent movement. All residents with catheters have a plan of care that is also reflected on the daily working CNA plan of care assuring the placement of catheter anchors to residents who require the device.</p> <p>3. All residents with catheters now have daily monitoring tracked on the resident treatment record to assure the nurse acknowledges the placement of the anchor for each resident. All nurses, CMT's, and CNA's have been educated regarding the responsibilities of following the plan of care and CNA daily assignment plan of care (Attachment #13) for catheter care. This education included the application of the leg strap/anchor and to insure the anchor is replaced following ADL care as needed. The nursing staff received education on 5/19/2015. See attachment #1. Attachment #2 is the competency check to monitor compliance with anchoring device.</p> <p>4. All residents with catheters are audited / observed by the Quality Assurance Nurse/Quality of Care Assurance Team. Monthly Quality Assurance Audits assigned by the Quality Assurance nurse will include a revised form including an anchoring device. In addition, treatment records will be audited for nurse compliance of tracking and assuring the plan of care is followed. See attachments #5 for treatment record audit, and attachment #6 for Quality Assurance observation of application compliance.</p> <p>5. May 20, 2015.</p>	
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NAME OF PROVIDER OR SUPPLIER  MIDDLESBORO HEALTH CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40985	

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F 282	<p>Continued From page 4</p> <p>Observation of incontinence care for Resident #13 on 04/30/15 at 10:10 AM with Certified Nurse Aide (CNA) #1 and CNA #2 revealed the catheter tubing of the resident's indwelling urinary catheter was not secured to the resident's leg.</p> <p>Interview with CNA #1 on 04/30/15 at 10:27 AM revealed catheters were required to be anchored to the leg. The CNA stated she was required to check each resident's care plan every day, and should have ensured the catheter was anchored to the resident's leg.</p> <p>Interview with CNA #2 on 04/30/15 at 10:32 AM revealed she was required to check each resident's care plan every shift, and stated some catheters were required to be anchored to the resident's leg and some were not.</p> <p>2. Review of the medical record for Resident #16 revealed the facility admitted the resident on 01/29/15 with diagnoses that included Status Post Right Hip ORIF (Open Reduction Internal Fixation), Chronic Pain, Glaucoma, Depression, Sacral Fracture, Urinary Retention, and Osteoarthritis. Further review of the record revealed a physician's order for an indwelling catheter dated 01/29/15 and the catheter was to be changed monthly. Review of the Comprehensive Care Plan for Resident #16 revealed catheter care was to be performed every shift and as needed.</p> <p>Observation of incontinence care for Resident #16 on 04/30/15 at 9:50 AM revealed CNA #3 and CNA #4 performed incontinence care and catheter care without securing the catheter tubing to the resident's leg according to facility policy.</p>	F 282		

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F 282	<p>Continued From page 5</p> <p>Interview with CNA #3 on 04/30/15 at 10:30 AM, revealed indwelling catheters were supposed to be anchored to the resident's leg.</p> <p>Interview with CNA #4 on 04/30/15 at 11:15 AM revealed catheters were to be anchored to the leg.</p> <p>Interview with the Director of Nursing on 04/30/15 at 11:20 AM, revealed indwelling catheters were required to be anchored at all times. The DON stated she made rounds frequently and had not identified any concerns with staff performing catheter care in accordance with the care plan and facility policy.</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy, it was determined the facility failed to ensure residents received appropriate treatment to prevent urinary tract infections, pulling, pressure, or damage to</p>	F 282	<p>F 315</p> <p>F 315 It is and was on the day of the survey the practice and policy of Middlesboro Nursing and Rehabilitation Facility to assure each resident who is incontinent of bladder/catheter usage received appropriate treatment and service to prevent urinary tract infections.</p> <p>1. Resident 16 receives catheter care by CNA's who performs hand hygiene prior to donning gloves when providing catheter care for resident #16.</p> <p>Resident 13 has a leg strap/anchor properly securing an indwelling catheter to prevent movement of the catheter and the device usage is noted on the caregiver's daily care routine as directed by the plan of care.</p> <p>Resident 16 has a leg strap/anchor properly securing an indwelling catheter to prevent movement of the catheter and the device usage is noted on the caregiver's daily care routine as directed by the plan of care. Attachment #13 reflects a CNA daily assignment plan of care noting anchors if applicable.</p>	
F 315 SS=D				

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F 315	<p>Continued From page 6</p> <p>the urethra for two (2) of nineteen (19) sampled residents (Resident #13 and Resident #16). Observation of catheter care revealed Resident #13 and Resident #16 had indwelling urinary catheters that were not secured according to facility policy. In addition, facility staff failed to conduct appropriate hand hygiene before donning gloves for catheter care of Resident #16.</p> <p>The findings include:</p> <p>Review of the facility policy titled "Catheter Associated Urinary Tract Infection (CAUTI) Prevention," undated, revealed a leg strap or tape was to be used to secure the indwelling catheter properly to prevent movement of the catheter. The policy also stated hand hygiene should be done immediately before and after inserting or manipulating a catheter.</p> <p>An additional policy titled "Hand Hygiene," undated, revealed hand washing was to be done before performing an invasive procedure and after providing care to a resident.</p> <p>1. Observation of Incontinence care for Resident #16 on 04/30/15 at 9:50 AM revealed Certified Nurse Aide (CNA) #3 and CNA #4 knocked on the resident's door, closed the door, explained to the resident what procedure they were doing, and donned gloves. The CNAs did not wash their hands prior to donning gloves. Observations revealed CNA #3 and CNA #4 proceeded to perform incontinence care without washing their hands. In addition, during Incontinence care, the indwelling catheter tubing was not secured to Resident #16's leg according to the facility policy.</p> <p>Review of the medical record for Resident #16</p>	F 315	<p>F 315 (Cont.)</p> <p>2. All residents receiving catheter care will have care provided by nursing assistants who perform proper hand hygiene prior to donning gloves when providing catheter care.</p> <p>All residents with indwelling catheters have anchors for catheters to properly secure and to prevent movement. All residents with catheters have a plan of care that is also reflected on the daily working CNA plan of care assuring the placement of catheter anchors to residents who require the device.</p> <p>3. Demonstrations and education of catheter care from the beginning of the procedure to the final step of the procedure has been completed with staff. One focused component of the education included the importance of hand hygiene and when to apply gloves, an exercise using "glo germ" allowed staff to visualize. The revised competency check list has been revised to include the anchoring device, and step by step hand hygiene and glove application. Furthermore, staff who fail to adequately complete the task receive an action plan and re-evaluation.</p> <p>All residents with catheters now have daily monitoring tracked on the resident treatment record to assure the nurse acknowledges the placement of the anchor for each resident. All nurses, CMT's, and CNA's have been educated regarding the responsibilities of following the plan of care and CNA daily assignment plan of care (Attachment #13) for catheter care. This education included the application of the leg strap/anchor and to insure the anchor is replaced following ADL care as needed. The nursing staff received education on 5/19/2015. See attachment #1. Attachment #2 is the competency check to monitor compliance with anchoring device.</p>		

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NAME OF PROVIDER OR SUPPLIER  MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40865		
(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 315	<p>Continued From page 7</p> <p>revealed the facility admitted the resident on 01/29/15 with diagnoses that included history of Open Rotation Internal Fixation (ORIF) of the Right Hip, Chronic Pain, Glaucoma, Depression, Sacral Fracture, Urinary Retention, and Osteoarthritis. Further review of the record revealed a physician's order for an indwelling catheter dated 01/29/15. Review of the Quarterly Minimum Data Set (MDS) assessment with a reference date of 02/27/15 revealed Resident #16 required the extensive assistance of two persons for assistance with toileting and bathing. Review of the Comprehensive Care Plan dated 02/11/15 revealed catheter care was to be provided every shift and as needed.</p> <p>Interview with CNA #3 on 04/30/15 at 10:30 AM revealed indwelling catheters were supposed to be anchored to the resident's leg. CNA #3 stated she puts on gloves and does catheter care prior to washing her hands.</p> <p>Interview with CNA #4 on 04/30/15 at 11:15 AM revealed catheters were supposed to be anchored to the leg and if they were not the CNA is to inform the charge nurse. CNA #4 stated she provided care wearing gloves and then washes her hands after care is complete.</p> <p>2. Observation of incontinence care for Resident #13 on 04/30/15 at 10:10 AM revealed the catheter tubing of the resident's Indwelling urinary catheter was not secured to the leg according to the facility policy to prevent damage to the urethra.</p> <p>Review of the medical record for Resident #13 revealed the facility readmitted the resident to the facility on 04/09/15 with a physician's order for an</p>	F 315	<p>F 315 (Cont.)</p> <p>4. A monthly audit observation tool assigned by the Quality Assurance Nurse to the Quality Team will audit compliance of catheter care. The quality assurance and staff development nurse will be performing competency evaluations of the catheter care procedures throughout the years.</p> <p>All residents with catheters are audited / observed by the Quality Assurance Nurse/Quality of Care Assurance Team. Monthly Quality Assurance Audits assigned by the Quality Assurance nurse will include a revised form including an anchoring device. In addition, treatment records will be audited for nurse compliance of tracking and assuring the plan of care is followed. See attachments #5 for treatment record audit, and attachment #6 for Quality Assurance observation of application compliance.</p> <p>5. May 20, 2015</p>		

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

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186240	MULTIPLE CONSTRUCTION A. BLDG _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/30/2015
NAME OF PROVIDER OR SUPPLIER  MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40966		
(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 315	<p>Continued From page 8</p> <p>indwelling catheter dated 04/09/15. The record further revealed the following diagnoses: Acute Renal Failure, Benign Prostatic Hypertrophy (BPH), Dementia, and Urinary Retention. Review of the quarterly MDS dated 04/03/15 revealed Resident #13 required the total assistance of two persons with toileting and bathing.</p> <p>Interview with CNA #1 on 04/30/15 at 10:27 AM revealed indwelling catheters were required to be anchored to the resident's leg and CNA #1 acknowledged that Resident #13's catheter was not anchored according to facility policy.</p> <p>Interview with CNA #2 on 04/30/15 at 10:32 AM revealed she stated that some catheters were to be anchored, and some were not.</p> <p>Interview with License Practical Nurse (LPN) #1 on 04/30/15 at 10:40 AM revealed indwelling catheters were to be anchored and the charge nurse was responsible to assure it was completed. Further interview revealed staff was trained to wash their hands before catheter care was performed.</p> <p>Interview with Registered Nurse (RN) #1 on 04/30/15 at 11:05 AM revealed she monitored and ensured the aides were performing care correctly and that hands were washed upon entering and, depending on procedure, in between if necessary and upon leaving. RN #1 stated "Stat locks" (Indwelling catheter securing device) were used on every resident that had an indwelling catheter.</p> <p>Interview with the Director of Nursing (DON) on 04/30/15 at 11:20 AM, revealed staff anchored catheters unless there is a reason (resident</p>	F 315			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185240	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A BLDG _____ B WING _____		(X3) DATE SURVEY COMPLETED  04/30/2015
NAME OF PROVIDER OR SUPPLIER  MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40966		
(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 315	Continued From page 9 request for them not to be anchored or if contraindicated) and it is documented on the care plan. The DON further stated the nurses were responsible for ensuring the residents' catheters were secured. The DON stated that hand hygiene/hand washing was to be done before putting gloves on for catheter care.	F 315			
F 323 SS=D	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 facility policy review, it was determined the facility failed to ensure residents' environment remained as free of accident hazards as possible for one (1) of thirty-three (33) residents on the Southeast Unit of the facility (Resident #9). The facility assessed Resident #9 to wander. Observation during medication administration on 04/30/15 at 11:30 AM revealed Registered Nurse (RN) #1 walked into Room 119 B and left the medication cart unlocked. Resident #9 was observed ambulating in the hall near the medication cart while the cart was unattended and unlocked.  The findings include:	F 323	It is and was on the day of the survey the practice and policy of Middlesboro Nursing and Rehabilitation Facility to create an environment that remains free of hazards as much as possible and to assure each resident receives adequate supervision.  1. Resident #9 receives adequate supervision in an environment that remains as hazard free as possible, which includes locked medication carts when unsupervised.  2. All medication carts throughout the facility are locked when unsupervised by the nurse or by the Certified Medication Technician.  3. All nurses and certified medication assistants received education regarding the potential hazards within the environment; specifically unsupervised unlocked carts. Simplifying key usage and access to keys for improved compliance/awareness of the requirement will be met with a retractable key holder for safe keeping of keys and easy access for locking and unlocking medication carts. See attachments #1 and #7.  4. Q.A. Attachment #7 – Medication Administration Observation Report is completed periodically by the Consultant Pharmacist and / or the Staff Development nurse with individual nurses and CMT's.		

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NAME OF PROVIDER OR SUPPLIER  MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 236 NEW WILSON LANE MIDDLESBORO, KY 40966		
(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 323	<p>Continued From page 10</p> <p>Review of the facility policy titled "Medication Storage in the Facility," undated, revealed medication carts were to be kept locked or attended by persons with authorized access.</p> <p>Review of the medical record for Resident #9 revealed the facility admitted the resident on 12/16/14 with a diagnosis of Dementia. Review of a quarterly Minimum Data Set (MDS) assessment dated 03/26/15, revealed the facility assessed the resident to have severely impaired cognition and to wander daily.</p> <p>Observation during medication administration on 04/30/15 at 11:30 AM revealed Registered Nurse (RN) #1 walked into Room 119 B to perform blood glucose testing. RN #1 closed the privacy curtain and left the medication cart unlocked. Observation further revealed Resident #9 was ambulating in the hall near the medication cart.</p> <p>Interview conducted with RN #1 on 04/30/15 at 2:30 PM revealed she was aware she should have locked the medication cart any time the cart was out of her eyesight.</p> <p>Interview conducted with the Director of Nursing (DON) on 04/30/15 at 2:45 PM revealed staff was required to lock the medication cart when in a resident room with the privacy curtain closed. The DON stated RN #1 should have locked the medication cart prior to going into the resident's room to perform blood glucose monitoring and closing the privacy curtain.</p>	F 323	<p>F 323 (Cont.)</p> <p>Attachment #8 – Monthly the Environmental Safety Quality Assurance Committee will observe the environment for compliance with locked medication carts and report any noncompliance noted immediately. To assure compliance, nurse managers and department managers check carts in the environment during rounds.</p> <p>5. May 20, 2015</p>		
F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an</p>	F 441	<p>F 441</p> <p>It is and was on the day of the survey the practice and policy of Middlesboro Nursing and Rehabilitation Facility to maintain and establish an effective infection control program designed</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185240	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED  04/30/2015
		A BLDG	
		B BLDG	

NAME OF PROVIDER OR SUPPLIER  MIDDLESBORO HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40965
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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
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F 441	<p>Continued From page 11</p> <p>infection Control Program designed to provide a 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 -</p> <ol style="list-style-type: none"> <li>(1) Investigates, controls, and prevents infections in the facility;</li> <li>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</li> <li>(3) Maintains a record of incidents and corrective actions related to infections.</li> </ol> <p>(b) Preventing Spread of Infection</p> <ol style="list-style-type: none"> <li>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</li> <li>(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.</li> <li>(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.</li> </ol> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441	<p><b>F 441 (Cont.)</b></p> <p>to provide a safe and sanitary environment to prevent the transmission of disease and infection.</p> <ol style="list-style-type: none"> <li>1. Resident #4 receives wound care following defined infection procedures including hand hygiene by the nurse when there is contact with unclean surfaces and/or items during the treatment procedure. RN #1 has been educated and procedure demonstrated.</li> </ol> <p>Resident A and Resident B have glucose testing performed by a nurse who is using a glucometer and has followed the correct procedure for correct glove usage and glove change when cleaning and disinfecting the glucometer following the glucose testing. RN #1 has been educated and procedure demonstrated.</p> <ol style="list-style-type: none"> <li>2. All residents requiring wound care are receiving wound care by nursing staff who follow infection control and prevention guidelines. All residents requiring blood glucose monitoring are receiving testing by nurses who are following and have been educated regarding infection control and prevention guidelines for testing and cleaning/disinfecting the glucometer. These infection control and prevention guidelines specifically address glove usage and hand hygiene for all residents who receive the above test and procedures. Attachment #1, education. Attachment #9 competency and attachment #10 competency testing for glucose testing.</li> <li>3. The nursing staff of MNRF has been educated regarding proper wound care with a demonstration and infection control education of the step-by-step procedures when providing wound care to residents. An understanding of the step-by-step procedures when providing wound care to residents. An understanding of clean versus dirty surfaces in the facility environment to assure compliance with the wound care procedure was further demonstrated during education. All nurses and CMTs have been educated with a demonstration and detailed discussion regarding mandated</li> </ol>	
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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:  185240	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED  04/30/2015
		A. BUILDING	
		B. WING	

NAME OF PROVIDER OR SUPPLIER  MIDDLESBORO HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40965
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F 441	<p>Continued From page 12</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and facility policy review, it was determined the facility failed to establish and maintain an effective infection control program designed to provide a safe and sanitary environment to prevent the transmission of disease and infection for one (1) of nineteen (19) sampled residents (Resident #4) and two (2) unsampled residents (Resident A and Resident B). Observation of wound care for Resident #4 revealed Registered Nurse (RN) #1 was observed to remove a dressing from the package, return to the treatment cart, come back to the resident's bedside, and proceed to perform wound care without washing/sanitizing her hands. RN #1 was then observed after performing Resident #4's wound care to clean the scissors used during the dressing change and the overbed table without donning gloves. In addition, observations of blood glucose monitoring for Resident A and Resident B revealed RN #1 cleaned both Resident A and Resident B's blood glucose monitor without donning gloves after performing blood glucose testing.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Glucometer Decontamination," undated, revealed after performing blood glucose testing, the nurse shall perform hand hygiene, don gloves, and use the disinfectant wipe to clean all external parts of the glucometer. The policy revealed gloves would then be removed and hand hygiene performed.</p> <p>Review of the facility's policy titled "Hand Hygiene," undated, revealed staff was required to</p>	F 441	<p>F 441 (Cont.)</p> <p>compliance and the necessity of cleaning and disinfecting the glucometer; focusing primarily on hand hygiene and glove usage. A revised competence check list for glucose monitoring and wound care is attached. Attachment #1, education. Attachment #9, competency for wound care. Attachment #10 competency testing for glucose testing.</p> <p>4. The Quality of Care Quality Assurance Team will complete monthly audits of wound care observation and glucometer cleaning and disinfection to assure compliance with infection control and prevention guidelines. Attachment #11 and Attachment #12.</p> <p>5. May 20, 2015</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185240	MULTIPLE CONSTRUCTION A BLDG _____ B WING _____		(X3) DATE SURVEY COMPLETED  04/30/2015
NAME OF PROVIDER OR SUPPLIER  MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40965		
(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 441	<p>Continued From page 13</p> <p>wash/sanitize their hands when hands were visibly dirty, before and after changing a dressing, before performing invasive procedures, and after performing care to a resident with a non-microbial or antimicrobial soap and water.</p> <p>Review of the facility's policy titled "Wound Care/Treatment Guidelines," undated, revealed supplies would be placed on a clean surface and hand hygiene would be performed. The policy did not address staff requirement to don gloves when cleaning the surface used to hold the dressing supplies during wound care, nor did it address cleaning of scissors utilized during wound care.</p> <p>1. Review of the medical record for Resident #4 revealed the facility admitted the resident on 11/26/14, with diagnoses that included Open Reduction and Internal Fixation of the Right Olecranon (elbow), Osteomyelitis, and Methicillin Resistant Staphylococcus Aureus (MRSA) in the Surgical Wound to the Right Elbow.</p> <p>Review of the physician's orders for Resident #4 dated 04/12/15, revealed staff was required to cleanse Resident #4's right elbow with Normal Saline, apply an antimicrobial dressing every three days and as needed.</p> <p>Observation on 04/29/15 at 10:05 AM of wound care for Resident #4 revealed RN #1 placed the dressing supplies for Resident #4's wound care on a paper towel placed on the resident's overbed table. The RN removed the antimicrobial dressing from the package and returned to the treatment cart. RN #1 obtained a pair of scissors from the cart, returned to the resident's bedside, and did not wash/sanitize her hands prior to performing wound care. RN #1 was then</p>	F 441			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186240	MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED  04/30/2015
		A BLDG		
		B WING		

NAME OF PROVIDER OR SUPPLIER  MIDDLESBORO HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 236 NEW WILSON LANE MIDDLESBORO, KY 40866
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F 441	<p>Continued From page 14</p> <p>observed after performing Resident #4's wound care to discard her gloves in the trash, clean the scissors used during the dressing change with an alcohol prep, and clean the overbed table with a paper towel and water, without donning gloves.</p> <p>Interview conducted with RN #1 on 04/30/15 at 2:30 PM revealed she was required to wash/sanitize her hands any time she left during wound care and came back. The RN stated she should have washed/sanitized her hands when she returned to the treatment cart. The RN stated she felt it was all right to clean the scissors used during wound care and Resident #4's overbed table with her bare hands because she washed/sanitized her hands afterwards.</p> <p>2. Observation on 04/30/15 at 11:10 AM of blood glucose testing revealed RN #1 performed blood glucose testing for Resident A. After the testing was completed, RN #1 removed her gloves, sanitized her hands with hand sanitizer, and then cleaned the blood glucose-monitoring machine with a bleach wipe, without donning gloves.</p> <p>Observation on 04/30/15 at 11:30 AM of blood glucose testing revealed RN #1 performed blood glucose testing for Resident B. After the testing was completed, RN #1 removed her gloves, sanitized her hands with hand sanitizer, and then cleansed the blood glucose-monitoring machine with a bleach wipe, without donning gloves.</p> <p>Interview conducted with RN #1 on 04/30/15, at 2:30 PM, revealed she stated she was not required to wear gloves when cleaning blood glucose testing machines.</p> <p>Interview conducted with the Director of Nursing</p>	F 441		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185240	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/30/2015
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NAME OF PROVIDER OR SUPPLIER  MIDDLESBORO HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 236 NEW WILSON LANE MIDDLESBORO, KY 40865
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F 441	Continued From page 15 (DON) on 04/30/15 at 2:45 PM revealed she had completed dressing audits with RN #1, and had identified a concern with the RN establishing a clean surface. The DON stated she had In-serviced the RN on wound care and had completed the In-service with her on 01/30/15. The DON stated staff was required to don gloves when cleaning blood glucose-monitoring machines. The DON stated all nurses were required to complete competencies on blood glucose monitoring twice a year and the last one completed by RN #1 was on 09/18/14. The DON stated she had not identified a concern with RN #1 cleaning blood glucose-monitoring machines without wearing gloves.	F 441		

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PRINTED: 11/06/2015  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/28/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MIDDLESBORO HEALTH CARE FACILITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>235 NEW WILSON LANE MIDDLESBORO, KY 40965</b>		
(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	
K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR §483.70 (a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1985</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type V (000)</p> <p>SMOKE COMPARTMENTS: Two</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLERED, SUPERVISED (DRY SYSTEM)</p> <p>EMERGENCY POWER: Type II diesel generator</p> <p>A life safety code survey was initiated and concluded on 04/28/15, for compliance with Title 42, Code of Federal Regulations, §483.70(a). The facility was found to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p>	K 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.