

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

PRINTED: 12/20/2012
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/06/2012
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NAME OF PROVIDER OR SUPPLIER TWIN RIVERS NURSING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2420 W. 3RD ST. OWENSBORO, KY 42301
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F 000	INITIAL COMMENTS	F 000	Submission of this plan of correction is not a legal admission that a 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 and plan of correction. In addition, preparation 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 timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.	
F 282 SS=D	483.20(k)(3)(iii) 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, interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to ensure services provided were in accordance with the care plan for one resident (#9), in a selected sample of 12 residents. Resident #9 was at high risk for pressure sores and required a pressure reducing cushion for his/her wheelchair. A pressure area developed after Resident #9's pressure reducing cushion was missing for an undetermined number of days. Findings include: Review of the facility's policy/procedure, "Prevention and Treatment of Pressure Ulcers and Non-Pressure Related Wounds", dated 08/31/12, revealed "A skin and wound program is	F 282	1. Resident # 9's pressure reducing ROHO cushion was in place in the wheelchair as observed by the Director of Nursing on 12/6/2012.	1/15/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Chris Malvern* TITLE *NHA* (X6) DATE *12-28-12*

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 282	<p>Continued From page 1</p> <p>designed and implemented to identify and reduce the risk of residents acquiring pressure ulcers and provides standards of care for residents with pressure ulcers and non-pressure related wounds to promote healing, reduce the risk of infection prevent further development to pressure ulcers."</p> <p>A policy/procedure related to care plan implementation was not provided.</p> <p>A record review revealed the facility admitted Resident #9 on 10/16/07 with diagnoses to include Peripheral Vascular Disease, Paraplegia, Osteoporosis Arterial Disease, and Chronic Pain Syndrome.</p> <p>Review of an annual Minimum Data Set (MDS), dated 11/14/12, revealed the facility assessed Resident #9 with no cognitive impairment and required extensive assistance with bed mobility/transfers, dressing, grooming/hygiene, and impairment of range of motion bilaterally.</p> <p>Review of the care plan, "Skin Integrity Assessment: Prevention and Treatment of Care," last reviewed 11/14/12, revealed "pressure relieving surface, ROHO to the wheelchair" under the very high risk section.</p> <p>Review of the documentation of Resident #9's Skin Grid revealed the date of initial identification of the area to the lower buttock was 11/26/12. The measurements were 1.0 centimeters (cm) length, 0.6 cm width, and 0.1 cm depth.</p> <p>An observation and interview, on 12/04/12 at 3:20 PM, revealed Resident #9 was seated in a wheelchair with a pressure reducing (ROHO)</p>	F 282	<ol style="list-style-type: none"> 2. The Staff Development Coordinator, Director of Nursing, Assistant Director of Nursing or the Unit Managers will audit all resident records to ensure that pressure reducing cushions are in place per the Plan of Care. This audit will be completed by 1/15/2013. Any missing pressure reducing cushions will be immediately placed. 3. All licensed staff will be re-educated by the Staff Development Coordinator, Director of Nursing, Assistant Director of Nursing or the Unit Managers on Care Plan implementation. This re-education will be completed by 1/15/2013. 4. The Staff Development Coordinator, Director of Nursing, Assistant Director of Nursing or the Unit Manager will audit residents that have pressure relieving cushions care plans to ensure the device is in place daily for two (2) weeks; then, three (3) times for a week for three (3) weeks; then, two (2) times a week for three (3) weeks; then, weekly for four (4) weeks. The results of these audits will be reviewed with the Quality Assurance Committee on a monthly basis for at least three (3) months and quarterly for three (3) quarters in order to validate continued compliance. If at any time a concern is identified, a 		

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F 282	Continued From page 2 cushion. Resident #9 stated he/she had been without his/her regular pressure reducing cushion for a few days about a week or so ago because it was lost and a pressure area developed. A different type of cushion was provided at that time, and the resident stated it was thinner than his/her cushion. The resident stated he/she had not had skin breakdown in a long time. An observation of a skin assessment on Resident #9, completed by the wound nurse, Licensed Practical Nurse (LPN) #1, on 12/06/12 at 10:20 AM, revealed an open area to the right lower buttock which measured 1.5 cm in length and 0.6 cm in width with 0.1 cm depth. An interview with LPN #1, at the time of the skin assessment, revealed she recalled Resident #9's pressure reducing cushion being missing for a few days (number of days unknown) and thought it was found in the shower room. LPN #1 stated there was an increased risk for skin breakdown without the pressure reducing cushion. An interview with the Director of Nursing (DON), on 12/06/12 at 1:30 PM, revealed she was aware Resident #9's pressure reducing cushion was missing and thought another device was in place. The DON stated she expected the resident to have the pressure reducing cushion, which was on the care plan.	F 282	Quality Assurance Committee meeting will be held to review concerns for further recommendations as needed. The members of the Quality Assurance Committee will consist of at a minimum the Administrator, the Director of Nursing, the Assistant Director of Nursing and the Social Services Director with the Medical Director attending at least quarterly. Compliance Date: 1/15/13	
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that	F 314	F314 1. Resident #7's slide board was discontinued for transfers on 11/23/2012. Resident # 7's plan of care was reviewed by the Director of Nursing on 11/23/2012 who noted that the resident had appropriate treatment in place to heal the pressure ulcer and prevent further unavoidable pressure ulcers and that the pressure ulcer was healing as expected. Resident # 9's pressure reducing ROHO cushion was in place in the wheelchair as observed by the Director of Nursing on 12/6/2012. 2. The Staff Development Coordinator, Director of Nursing, Assistant Director of Nursing, the Wound-care Nurse or the Unit Manager will perform a 100% skin audit of all current residents to ensure that no unavoidable skin integrity issues are present as well as a review of all current resident's wound prevention program to assure that all residents'	1/15/13

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F 314	<p>Continued From page 3</p> <p>they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to ensure two residents (#7 and #9), in the selected sample of 12 residents, did not develop pressure sores. Resident #7 had a change of condition and was sent to the hospital for evaluation and assessed with a pressure area on admission. Resident #9, who was high risk for skin breakdown went without his/her pressure reducing cushion for an undetermined number of days, because the cushion was lost, and developed a pressure sore.</p> <p>Findings include:</p> <p>A review of the facility's policy/procedure, "Prevention and Treatment of Pressure Ulcers and Non-Pressure related Wounds", dated 08/31/12, revealed "A skin wound care program is designed and implemented to identify and reduce the risk of patients acquiring pressure ulcers and provides standards of care for patients with pressure ulcers and non-pressure related wounds to promote healing, reduce the risk of infections and prevent further development of pressure ulcers. The policy included documentation of "Nursing interventions for patients identified as at risk for skin breakdown are implemented by nursing staff based on the prevention protocol algorithm" and " Special populations (e.g.,</p>	F 314	<p>wound prevention programs are appropriate to prevent unavoidable pressure ulcers. This audit will be completed by 1/15/2013. Any identified needed interventions will be implemented immediately. The Staff Development Coordinator, Director of Nursing, Assistant Director of Nursing or the Unit Managers will audit all resident records to ensure that pressure reducing cushions are in place per the Plan of Care. This audit will be completed by 1/15/2013. Any missing pressure reducing cushions will be immediately placed.</p> <ol style="list-style-type: none"> All licensed staff will be re-educated by the Staff Development Coordinator, Director of Nursing, Assistant Director of Nursing or the Unit Manager on the facility's policy "Prevention and Treatment of Pressure Ulcers and Non-Pressure related Wounds." This re-education will be completed by 1/15/2013. The Staff Development Coordinator, Director of Nursing, Assistant Director of Nursing or the Unit Manager will audit five (5) resident records per week for twelve (12) weeks to assure that appropriate measures are in place to prevent unavoidable pressure ulcers and that interventions are implemented. The Staff Development Coordinator, Director of Nursing, Assistant Director of Nursing or the Unit Manager will audit residents that have pressure relieving cushions care planned to ensure the device is in 		

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F 314	<p>Continued From page 4 bariatric, critically ill, spinal cord injury, end of life, etc.) are assessed and pressure ulcer prevention interventions and treatments are identified and implemented."</p> <p>1. A record review revealed the facility admitted Resident #7 on 07/01/12 with diagnoses to include Diabetes Mellitus, Anemia, Chronic Kidney Disease, Stage III, Amputation Below the Knee, Hypothyroidism, and Thrombocytopenia.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment, dated 10/19/12, revealed the facility assessed Resident #7 to be cognitively intact and required extensive assistance with transfers, hygiene, and was incontinent of bowel.</p> <p>Review of the resident's care plan, "Skin Integrity Assessment Prevention and Treatment Plan of Care," revealed the resident was assessed at risk for impaired skin integrity with a Braden score of 16. Interventions included frequent turning, keep skin clean, dry, free of body wastes, perspiration, and wound drainage.</p> <p>Review of the nurses' notes, dated 11/12/12 at 1:40 PM, revealed documentation that the resident was to be sent to the local hospital. At 1:50 PM, an ambulance was called for the resident's transport to the hospital emergency room. Review of the nurses' note, dated 11/12/12 at 2:30 PM, revealed a report was given to the ambulance staff and "coccyx continues to be red and raw from use of the slide board, no open areas noted."</p> <p>Review of the hospital admission records revealed Resident #7 was admitted 11/12/12 and</p>	F 314	<p>place daily for two (2) weeks; then, three (3) times a week for three (3) weeks; then, two (2) times per week for three (3) weeks; then, weekly for four (4) weeks. The results of these audits will be reviewed with the Quality Assurance Committee on a monthly basis for three (3) months and quarterly for three (3) quarters in order to validate continued compliance. If at any time a concern is identified, a Quality Assurance Committee meeting will be held to review concerns for further recommendations as needed. The members of the Quality Assurance Committee will consist of at a minimum the Administrator, the Director of Nursing, the Assistant Director of Nursing and the Social Services Director with the Medical Director attending at least quarterly.</p> <p>Compliance Date: 1/15/13</p>		

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F 314	<p>Continued From page 5</p> <p>assessed at 3:10 PM (40 minutes from last facility note) to have a stage II pressure area to the coccyx and was pre-existing (present on admission).</p> <p>An interview with the ambulance service dispatcher, on 12/06/12 at 1:00 PM, revealed an ambulance was summoned to the facility at 2:03 PM, arrived at the facility at 2:37 PM, and transported the resident at 2:47 PM.</p> <p>2. A record review revealed the facility admitted Resident #9 on 10/16/07 with diagnoses to include Peripheral Vascular Disease, Paraplegia, Osteoporosis Arterial Disease, and Chronic Pain Syndrome.</p> <p>Review of an annual Minimum Data Set (MDS), dated 11/14/12, revealed the facility assessed Resident #9 with no cognitive impairment and required extensive assistance with bed mobility/transfers, dressing, grooming/hygiene, and impairment of range of motion bilaterally.</p> <p>Review of the care plan, "Skin Integrity Assessment: Prevention and Treatment of Care," last reviewed 11/14/12, revealed "pressure relieving surface, ROHO to the wheelchair" under the very high risk section.</p> <p>Review of the documentation of Resident #9's Skin Grid revealed the date of initial identification of the area to the lower buttock was 11/26/12. The measurements were 1.0 centimeters (cm) length, 0.6 cm width, and 0.1 cm depth.</p> <p>An observation and interview, on 12/04/12 at 3:20 PM, revealed Resident #9 was seated in a</p>	F 314			

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F 314	<p>Continued From page 6</p> <p>wheelchair with a pressure reducing (ROHO) cushion. Resident #9 stated he/she had been without his/her regular pressure reducing cushion for a few days about a week or so ago because it was lost and a pressure area developed. A different type of cushion was provided at that time, and the resident stated it was thinner than his/her cushion. The resident stated he/she had not had skin breakdown in a long time.</p> <p>An observation of a skin assessment on Resident #9, completed by the wound nurse, Licensed Practical Nurse (LPN) #1, on 12/06/12 at 10:20 AM, revealed an open area to the right lower buttock which measured 1.5 cm in length and 0.6 cm in width with 0.1 cm depth. An interview with LPN #1, at the time of the skin assessment, revealed she recalled Resident #9's pressure reducing cushion being missing for a few days (number of days unknown) and thought it was found in the shower room. LPN #1 stated there was an increased risk for skin breakdown without the pressure reducing cushion.</p> <p>An interview with the Director of Nursing (DON), on 12/06/12 at 1:30 PM, revealed she was aware Resident #9's pressure reducing cushion was missing and thought another device was in place. The DON stated she expected the resident to have the pressure reducing cushion, which was on the care plan.</p>	F 314		
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