

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

PRINTED: 04/24/2012
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 04/09/2012
--	--	--	---

NAME OF PROVIDER OR SUPPLIER RIDGEWAY NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 406 WYOMING ROAD #38 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)	(X6) COMPLETION DATE
F 000	INITIAL COMMENTS An Abbreviated Survey was initiated on 04/03/12 and concluded on 04/09/12 investigating KY#00018075 and KY#00018117. KY#00018075 was substantiated with no deficiency cited and KY#00018117 was substantiated with deficient practice cited.	F 000	Ridgeway Nursing and Rehabilitation does not believe nor does the facility admit that any deficiencies exist.	
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 and interview it was determined the facility failed to ensure the Comprehensive Plan of Care was followed for one (1) of six (6) sampled residents (Resident #1). Resident #1 had an intervention related to his/her potential to cause injury to self and/or others which included keeping the resident separated from the resident he/she had an altercation with. The facility failed to ensure the Comprehensive Care Plan was followed when Resident #1 was documented as having two (2) altercations with Resident #2 who was Resident #1's roommate on 03/21/12, in which he/she bit Resident #2 in the abdomen, and 03/25/12, in which he/she threw a telephone which hit Resident #2 in the back. Observations throughout the investigation revealed the residents continued to live in the same room together.	F 282	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	

RECEIVED
MAY 03 2012
BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Heather O'Banion</i>	TITLE Administrator	(X6) DATE 5/2/12
--	------------------------	---------------------

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.

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

PRINTED: 04/24/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186254	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/09/2012
--	--	--	---

NAME OF PROVIDER OR SUPPLIER RIDGWAY NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 406 WYOMING ROAD #38 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 282	<p>Continued From page 1 The findings include:</p> <p>Record review revealed the facility admitted Resident #1, on 12/30/11, with diagnoses which included Acute Respiratory Failure, Chronic Obstructive Pulmonary Disease, Tracheotomy, Bipolar Disorder, Diabetes Mellitus and Hypothyroidism.</p> <p>Review of the quarterly Minimum Data Set (MDS) Assessment, dated 01/27/12, revealed the facility assessed Resident #1 as having verbal and other behaviors towards others which occurred daily. Review of the Comprehensive Plan of Care, with a revision date of 02/06/12, revealed a problem of Potential Mood Problem related to multiple psychiatric disorders with an increase in anxious behavior due to acute illness. Further review revealed on 02/25/12 there was an update related to Resident #1's potential for injury related to behaviors with the goal of the resident to be free from injury to self and/or others. Continued review revealed an intervention which stated "keep resident separated from resident he/she had altercation with".</p> <p>Review of the medical record revealed on 03/21/12 Resident #1 hit Resident #2 in the abdomen. Interview with Licensed Practical Nurse (LPN) #1, 04/04/12 at 9:35 AM, revealed on 03/21/12 she observed Resident #1 hit Resident #2 in the stomach while Resident #2 was attempting to enter the room he/she shared with Resident #1. Further interview revealed LPN #1 revealed she felt the hit was intentional and not an accident. Continued interview revealed the residents were separated, Resident #2 was moved to another room in the facility, then the</p>	F 282	<p>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.</p> <p>Ridgeway Nursing and Rehabilitation strives to provide the highest quality care while assuring the rights and safety of all residents.</p> <p>F282 It is and was on the days of survey the policy of Ridgeway Nursing and Rehabilitation that all of the facility's services be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>1. Resident #1's care plan was revised/updated on 4/10/12 related to behaviors; at this time the intervention of "keep resident separated from resident he/she had altercation with" was discontinued from Resident #1's plan of care since</p>	

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

PRINTED: 04/24/2012
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 04/09/2012
--	--	--	---

NAME OF PROVIDER OR SUPPLIER RIDGEMAN NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 408 WYOMING ROAD #38 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 282	<p>Continued From page 2</p> <p>facility sent Resident #1 to the hospital. After Resident #1 was sent to the hospital for evaluation, Resident #2 was moved back to the original room. Interview with the Administrator, on 04/06/12 at 10:15 AM, revealed after the 03/21/12 incident in which Resident #1 hit his/her roommate, Resident #2, in the abdomen the residents were separated and fifteen (15) minute checks were initiated until Resident #1 was sent to the hospital.</p> <p>Review of the clinical record revealed the facility readmitted Resident #1 on 03/23/12 at 12:00 PM and place Resident #1 in the room with Resident #2. Continued review of the record revealed Resident #1 was on fifteen minute checks upon readmission. Interview with the Administrator, on 04/06/12 at 10:15 AM, revealed the facility felt Resident #2 was safe with Resident #1 in their shared room because Resident #1 had been evaluated and treated for the behavior and his/her medication had been adjusted to better manage the behaviors.</p> <p>Further review of the clinical record revealed, on 03/25/12 at 9:25 PM, Resident #1 threw the facility's cordless telephone and hit his/her roommate, Resident #2, in the back. Further interview revealed LPN #1, 04/04/12 at 9:35 AM, revealed she was also working on 03/25/12 when Resident #1 threw the facility's cordless telephone which hit Resident #2 in the back while they were in their shared room. Interview revealed the residents were separated after the incident. Resident #2 was taken to another room while the facility initiated transfer of Resident #1 to the hospital for evaluation. Then the facility moved Resident #2 back into the original room.</p>	F 282	<p>this intervention was intended for immediate separation only. Resident #1 was discharged from the facility on 4/14/12. Resident #2 remains in the facility with no effects from this alleged deficiency.</p> <p>2. On 5/1/12 an audit of all residents care plans was completed by the MDS Coordinator to ensure that all interventions are appropriate and followed as intended.</p> <p>3. An inservice was conducted by the Administrator on 5/1/12 with the MDS Coordinator and MDS assessment nurse; the inservice included that all active interventions on the residents' plan of care must be followed.</p> <p>4. The Director of Nursing will audit 10% of the care plans weekly for the next six months to ensure that all interventions are active and being followed accordingly. These audits will be reviewed by the Administrator monthly. All audits and findings will be forwarded to the facility's ongoing Quality Assurance Program.</p> <p>5. 5/2/12</p>	5/2/12

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

PRINTED: 04/24/2012
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 04/09/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RIDGEWAY NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 406 WYOMING ROAD #38 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 282	<p>Continued From page 3</p> <p>Upon Resident #1's return to the facility on 03/26/12, the facility again moved Resident #2 to a different room. Continued review of the record revealed the Physician evaluated Resident #1 on 03/27/12 and ordered to send Resident #1 to the hospital on 03/27/12 for a direct admission for evaluation of his/her behaviors. Review of the record revealed Resident #1 was cursing and belligerent.</p> <p>Review of the record revealed the facility readmitted Resident #1 on 04/02/12 at 5:00 PM, and placed the resident in the room with Resident #2. Even though review of the Comprehensive Care Plan revealed an intervention which stated "keep resident separated from resident he/she had altercation with". Interview with Administrator on 04/06/12 at 10:15 AM, revealed the facility felt Resident #2 was safe in the room with Resident #1 because the hospital had treated Resident #1 and had changed the resident's medication in order to manage the behaviors better.</p> <p>Observation during initial tour on 04/03/12 at 1:30 PM, revealed Resident #1 and Resident #2 were in a shared room at the facility. Continued observations from 04/04/12 through 04/07/12 revealed Resident #1 and Resident #2 were roommates at the facility, even though the Comprehensive Care Plan revealed Resident #1 would be separated from the resident he/she had altercation with.</p> <p>Interview with the MDS Coordinator, on 04/09/12 at 4:30 PM, revealed the Comprehensive Care Plan identified a current intervention of keeping the resident separated from the resident he/she had altercation with. Further interview revealed,</p>	F 282		

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

PRINTED: 04/24/2012
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 04/09/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RIDGEWAY NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 406 WYOMING ROAD #38 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)	(X6) COMPLETION DATE
F 282	<p>Continued From page 4</p> <p>the intervention was only intended for an immediate separation, but she should have yellowed the intervention out indicating the intervention was discontinued. Continued interview revealed, the facility failed to follow the current, active Plan of Care.</p> <p>Interview with the Administrator, on 04/09/12 at 4:50 PM, revealed she agreed the intervention of keeping the resident separated from the resident he/she had altercation with was an active intervention. Further interview revealed, the intervention was an immediate plan but it was currently not being followed and the care plan needed to be revised.</p>	F 282		