

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

PRINTED: 05/20/2010
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2010
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NAME OF PROVIDER OR SUPPLIER PADUCAH CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH THIRD STREET PADUCAH, KY 42001
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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 000	INITIAL COMMENTS An annual survey was conducted on 05/11/10 through 05/13/10, to determine the facility's compliance with Federal Regulatory Requirements. Deficiencies were identified with the highest S/S being "D".	F 000		
F 223 SS=D	483.13(b), 483.13(b)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, it was determined the facility failed to ensure one resident (#10) in the selected sample of 15 was free from abuse. The facility failed to thoroughly investigate and report an allegation of mistreatment. On 04/05/10 the Director of Nursing (DON) was made aware of an allegation of abuse by Certified Nurse Aide (CNA) #1. A thorough investigation was not completed and CNA #1 was not suspended until an investigation was completed. Findings include: Resident #10 was admitted to the facility with diagnoses to include Unspecified Birth Trauma and Anxiety. Review of the Quarterly Minimum Data Set, dated 02/17/10, revealed the resident was alert and oriented and independent in activities of daily living and required only limited assistance with dressing, personal hygiene and	F 223	*This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Paducah Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency. F223 The Center will continue to develop and implement written policies and procedures that ensure the residents are free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. <u>With respect to resident(s) affected by this alleged deficient practice:</u> On 5/5/2010 Certified Nurse Aide (C.N.A.) #1 was removed from resident #10's direct care assignment. On 5/12/10 C.N.A #1 was suspended and facility commenced an investigation regarding the alleged abuse incident. The facility notified resident #10's beneficiary, physician and Office of Inspector General and the Department of Adult Protective Services on 5/12/10. The alleged abuse was found to be unsubstantiated. Resident #10's care plan was updated on 5/17/10 to reflect she will control the spray of water during her showers.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Michael Murphy</i>	TITLE <i>Administrator</i>	(X6) DATE <i>6/3/10</i>
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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.

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 CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER PADUCAH CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH THIRD STREET PADUCAH, KY 42001		
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F 223	<p>Continued From page 1</p> <p>bathing. The resident ambulated independently with a walker and was continent.</p> <p>Observations of Resident #10, on 05/11/10 at approximately 11:00 AM and on 05/12/10 at approximately 8:45 AM, revealed the resident was dressed and groomed appropriately.</p> <p>An interview, on 05/12/10 at approximately 8:45 AM with Resident #10, revealed approximately one to two weeks ago CNA #1 sprayed water in his/her face during a shower and then laughed about it. The CNA held the shower head "to my face pushing my nose". Resident #10 stated he/she was upset, hollered out and was "fighting for my life". Resident #10 reported the incident to the DON and Social Services Director the next day. Resident #10 stated the CNA had a new baby and the resident was afraid what the CNA might do to the baby or other residents who were old and couldn't speak for themselves. Resident #10 stated what happened still bothered him/her and he/she had dreams about it.</p> <p>An interview, on 05/12/10 at approximately 9:30 AM with Certified Medication Technician (CMT) #1, revealed she knew Resident #10 resisted shower assistance on 05/04/10 from CNA #1. CMT #1 also stated she had observed scratches on Resident #10's nose but did not know if anyone had looked into it.</p> <p>An interview, on 05/12/10 at approximately 9:45 AM with Registered Nurse (RN) #2, revealed a visitor came to her on 05/05/10 with a concern about a scratch on Resident #10's nose and wanted to know what happened. RN #2 (day shift nurse) stated Resident #10 talked with the DON about it. RN #2 also said Resident #10 told her</p>	F 223	<p><u>With respect to resident(s) identified to have potential to be affected by the alleged deficient practice:</u> On 5/12/10 Social Services Director (SSD) interviewed all interviewable residents on C.N.A. #1's care assignment for concerns or allegations of abuse/mistreatment. On 5/17/2010 the Administrator and SSD completed audits of all reported grievances and complaints since January 1, 2010 through May 17, 2010. The audits were conducted to identify allegations of abuse, neglect, and mistreatment and to ensure that all appropriate notifications and investigations were completed per policy and procedure. No other allegations of abuse were found.</p> <p><u>With respect to measures to effect systemic changes to ensure the alleged deficient practice does not recur:</u> The facility will continue to ensure communication of resident/family concerns through the Grievance Process. The Administrator and/or Nursing Administration will review each day during morning meeting allegations of abuse, neglect, mistreatment, grievances, and the 24-hour reports. Any noted problem will be addressed by the Administrator/Nursing Management immediately. On weekends the weekend manager will review allegations of abuse, neglect, mistreatment, grievances and the 24-hour reports. Any noted problems will be immediately directed to the Administrator and/or the Director of Nursing in his absence for immediate follow-up. On 5/11/2010 the Regional Director of Clinical Operations re-educated the Director of Nursing Services on F223 and F226, policy and procedure for Abuse and Neglect. The education included, must have</p>		

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NAME OF PROVIDER OR SUPPLIER PADUCAH CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH THIRD STREET PADUCAH, KY 42001		
(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 223	<p>Continued From page 2</p> <p>CNA #1 had "rubbed his/her nose" but RN #2 could not recall what Resident #1 said CNA #1 rubbed the resident's nose with. RN #2 did not take any further action because the DON knew about it.</p> <p>An interview with the DON, on 05/12/10 at approximately 10:00 AM, revealed on 05/05/10 Resident #10 reported CNA #1 had sprayed him/her in the face with water the day before. The DON interviewed RN #1 (afternoon shift nurse) and was told Resident #10 did not call out but the RN heard an exchange between the resident and CNA #1. Resident #10's roommate was interviewed and had no concerns about showers provided by CNA #1. The DON stated she unsubstantiated the allegation but made arrangements for CNA #1 to no longer assist Resident #10 with showers.</p> <p>An interview with the Social Services Director (SSD), on 05/12/10 at approximately 10:15 AM, revealed sometime after the morning meeting on 05/05/10, Resident #10 told her that CNA #1 sprayed the resident in the face on 05/04/10 with the shower sprayer for 3 or 4 minutes which caused the resident to "gasp". Resident #10 told the SSD that he/she was worried about the other residents and repeatedly told the SSD that he/she did not want CNA #1 providing shower assistance for him/her. The SSD said the DON talked with the roommate and CNA #1 but did not talk with anyone else. The SSD initiated a Grievance Report on 05/05/10.</p> <p>A phone interview with CNA #1, on 05/12/10 at approximately 2:30 PM, revealed the facility had just called her that afternoon (05/12/10 just prior to this interview) and told her not to report to work</p>	F 223	<p>evidence all alleged violations are thoroughly investigated; remove accused employee from resident care area pending immediate investigation; all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source is reported immediately to the administrator and to the Office of Inspector General and Department of Adult Protective Services. On 5/12/2010 the Regional Vice President of Operations provided re education to the Administrator, Director of Nursing Services (DNS), and Department Managers which include the</p> <p>Interdisciplinary Team on F223 and F226 regarding conducting internal investigations and reporting allegations of abuse, neglect, and mistreatment immediately to the Administrator/DNS and appropriate State Agency. On May 25, 2010 the Social Services Director and Staff Development Coordinator re educated all staff on F223 and F226, identifying and reporting verbal, sexual, physical abuse/neglect.</p> <p><u>With respect to how the facility will monitor performance to ensure that solutions are sustained:</u> An Ad Hoc QA meeting was completed on 5/17/10 with the Medical Director. The Social Services Director and/or Nursing Management will audit grievances and complaints using a monitoring tool every week for four weeks to assure allegations of abuse are identified and thoroughly investigated and reported per policy and procedure. The Social Services Director will report trends regarding any noted abuse allegations, investigations and required reporting to the Performance Improvement (PI) Committee for review each month for three months and</p>		

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NAME OF PROVIDER OR SUPPLIER PADUCAH CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH THIRD STREET PADUCAH, KY 42001
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F 223	<p>Continued From page 3</p> <p>until they completed an investigation regarding Resident #10. CNA #1 was not instructed to stay off work on 05/05/10. However, the DON had talked with her, when she arrived on 05/05/10 for the 3:00 PM to 11:00 PM shift, and informed her she would no longer provide shower assistance for Resident #10. The CNA revealed Resident #10 refused to allow her to assist with a shower on 05/04/10, but later said it was O.K. CNA #1 stated Resident #10 became resistive during the shower and tried to hit her with a wash cloth, which was unusual behavior for Resident #10. CNA #1 stated she did not spray Resident #10 in the face.</p> <p>A phone interview with Licensed Practical Nurse (LPN) #1, on 05/12/10 at approximately 3:30 PM, revealed she remembered that on 05/04/10 CNA #1 reported Resident #10 had tried to point the shower nozzle at her (CNA #1), which was not a usual behavior for Resident #10. LPN #1 stated during a previous incident, the resident had to be assisted to the floor during a shower and was afraid related to that incident. She stated, "The resident was not afraid of the shower but the person". Resident #10 might have thought CNA #1 was the same person who assisted him/her to the floor on the previous occasion.</p> <p>On 05/12/10 at approximately 4:00 PM an interview with RN #1, revealed he stood outside the door of the shower room on 05/04/10 because CNA #1 requested a witness. RN #1 said he did not enter the shower room due to Resident #10 did not like male staff to see him/her naked. RN #1 said he heard Resident #10 say, "Leave me alone". RN #1 also stated when a resident was resistive, staff should get someone else but everybody was busy. RN #1</p>	F 223	<p>recommendations for continued monitoring will be initiated through the PI committee. The PI Committee will determine that the facility has maintained compliance with this regulatory requirement.</p>	5/25/10
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NAME OF PROVIDER OR SUPPLIER PADUCAH CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH THIRD STREET PADUCAH, KY 42001		
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F 223	Continued From page 4 did not speak with Resident #10 after the shower because the resident was "calm and perfectly O.K." A phone interview with Resident #10's friend and beneficiary on 05/13/10 at approximately 2:10 PM, revealed Resident #10 did not lie and told her CNA #1 had sprayed him/her in the face, pushed it in his/her face and hit him/her in the nose. The friend observed "something red", which looked like blood on the resident's nose but did not know what it was. The roommate heard Resident #10 scream out during the shower because the shower room was adjacent to their room. Resident #10's friend stated he/she had taken care of Resident #10 for years and the resident had a great memory and would not forget what happened. A review of nursing notes, dated 05/04/10, revealed a single entry at 6:30 PM: "Resident: assisted with shower, refusing to allow CNA to clean areas resident could not reach ie: buttocks & back. CNA stated resident was attempting to hit her with wet washcloth during shower". Review of the facility policy and procedure named Abuse & Neglect Prohibition Program dated 01/08 included the following: "Must have evidence all alleged violations are thoroughly investigated; Remove accused employee from resident care area pending immediately pending investigation; All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source is reported immediately to the administrator and to other officials including to state survey and certification agency."	F 223			
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES	F 226	F226 The Center will continue to develop and implement written polices and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.		

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NAME OF PROVIDER OR SUPPLIER PADUCAH CARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH THIRD STREET PADUCAH, KY 42001	
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F 226	<p>Continued From page 5</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, it was determined the facility failed to implement policies and procedures that prohibit mistreatment and abuse related to one resident (#10) in the selected sample of 15. Resident #1 reported Certified Nurse Aide (CNA) #1 sprayed him/her in the face with the shower nozzle. A thorough investigation was not completed, the staff member involved was not suspended immediately and it was not reported to the state agency. Findings include:</p> <p>Resident #10 was admitted to the facility with diagnoses to include Unspecified Birth Trauma and Anxiety. Review of the Quarterly Minimum Data Set, dated 02/17/10, revealed the resident was alert and oriented and independent in activities of daily living and required only limited assistance with dressing, personal hygiene and bathing. The resident ambulated independently with a walker and was continent.</p> <p>Observations of Resident #10, on 05/11/10 at approximately 11:00 AM and on 05/12/10 at approximately 8:45 AM, revealed the resident dressed and groomed appropriately.</p> <p>An interview, on 05/12/10 at approximately 8:45 AM, revealed Resident #10 reported CNA #1 sprayed water in his/her face during a shower and</p>	F 226	<p><u>With respect to resident(s) affected by this alleged deficient practice:</u></p> <p>On 5/5/2010 Certified Nurse Aide (C.N.A.) #1 was removed from resident #10's direct care assignment. On 5/12/10 C.N.A #1 was suspended and facility commenced an investigation regarding the alleged abuse incident. The facility notified resident #10's beneficiary, physician and Office of Inspector General and the Department of Adult Protective Services on 5/12/10. The alleged abuse was found to be unsubstantiated.</p> <p><u>With respect to resident(s) identified to have potential to be affected by the alleged deficient practice:</u> On 5/12/10 Social Services Director (SSD) interviewed all interviewable residents on C.N.A. #1's care assignment for concerns or allegations of abuse/mistreatment. On 5/17/2010 the Administrator and SSD completed audits of all reported grievances and complaints since January 1, 2010 through May 17, 2010. The audits were conducted to identify allegations of abuse, neglect, and mistreatment and to ensure that all appropriate notifications and investigations were completed per policy and procedure. No other allegations of abuse were found.</p> <p><u>With respect to measures to effect systemic changes to ensure the alleged deficient practice does not recur:</u> On 5/11/2010 the Regional Director of Clinical Operations re-educated the Director of Nursing Services on F223 and F226, policy and procedure for Abuse and Neglect. The education included, must have evidence all alleged violations are thoroughly investigated; remove accused employee from resident care area pending immediate investigation; all alleged violations involving</p>

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NAME OF PROVIDER OR SUPPLIER PADUCAH CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH THIRD STREET PADUCAH, KY 42001	
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F 226	<p>Continued From page 6</p> <p>then laughed about it. The CNA held the shower nozzle "to my face pushing my nose". The resident also said he/she got upset, hollered out and was "fighting for my life". Resident #10 was afraid for the CNA's baby and the older residents in the facility who could not speak for themselves.</p> <p>Interviews, on 05/12/10 at 10:00 AM with the Director of Nursing (DON), revealed she had interviewed the resident, the resident's roommate and CNA #1 and determined the allegation to be unsubstantiated. CNA #1 was not suspended because the DON determined the allegation was unsubstantiated before the CNA to work on 05/05/10 for the 3:00 PM to 11:00 PM shift. The DON told CNA #1 she would no longer provide shower assistance for Resident #10 when she came to work on 05/05/10 at approximately 3:00 PM. The resident's physician was not notified and the state agency was not immediately notified. On 05/13/10 at approximately 2:20 PM, the DON stated she had reopened the investigation because she now realized she did not do a thorough investigation.</p> <p>Review of the facility policy and procedure, dated 01/08, related to abuse and neglect revealed allegations were to be immediately investigated including: "Must have evidence all alleged violations are thoroughly investigated; Remove accused employees from resident care area pending immediately pending investigation; All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source is reported immediately to the administrator and to other officials including to state survey and certification agency."</p>	F 226	<p>mistreatment, neglect, or abuse, including injuries of unknown source is reported immediately to the administrator and to the Office of Inspector General and Department of Adult Protective Services.</p> <p>On 5/12/2010 the Regional Vice President of Operations provided in-service education to the Administrator, Director of Nursing Services (DNS), and Department Managers which include the Interdisciplinary Team on F223 and F226 regarding conducting internal investigations and reporting allegations of abuse, neglect, and mistreatment immediately to the Administrator/DNS and appropriate State Agency. On May 25, 2010 the Social Services Director and Staff Development Coordinator re educated all staff on F223 and F226, identifying and reporting verbal, sexual, physical abuse/neglect.</p> <p><u>With respect to how the facility will monitor performance to ensure that solutions are sustained:</u> An Ad Hoc QA meeting was completed on 5/17/10 with the Medical Director. The Social Services Director and/or Nursing Management will audit grievances and complaints using a monitoring tool every week for four weeks to assure all allegations of abuse are identified and thoroughly investigated and reported per policy and procedure. The Social Services Director will report trends regarding any noted abuse allegations, investigations and required reporting to the Performance Improvement (PI) Committee for review each month for three months and recommendations for continued monitoring will be initiated through the PI committee. The PI Committee will determine that the facility has maintained compliance with this regulatory requirement.</p>	5/25/10



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K 000	INITIAL COMMENTS	K C00	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Paducah Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview conducted on 05/11/10, it was determined the facility failed to ensure sprinkler heads were free of corrosion as required by NFPA 25 1999 Edition.</p> <p>The findings to include:</p> <p>A tour of the facility conducted 05/11/10 at 10:30 AM, revealed sprinkler heads throughout the facility had a build-up of corrosion.</p> <p>An interview with the Administrator and Maintenance Director on 05/11/10 at 10:35 AM, revealed they were aware of the build-up of corrosion on the sprinkler heads and were in the process of getting bids from contractors to replace or repair the sprinkler heads.</p>	K 062	<p>The Sprinkler heads that were identified as corroded will be replaced by licensed contractor, Premier Fire Protection, INC. bid received on 5/25/10.</p> <p>Sprinkler heads have been visually inspected throughout facility by the facility Administrator and Maintenance Director on 5/24/2010 to ensure all identified in accordance with NFPA 25 1999 edition will be addressed.</p> <p>On 5/24/2010 the facility Administrator provided re education to the Maintenance Director regarding NFPA 25. The Maintenance Director will maintain sprinkler heads per Preventative Maintenance schedule.</p> <p>Maintenance Director will conduct audits per the maintenance schedule. Issues found will be taken to the Administrator immediately and addressed with the PI Committee for three months for further recommendations.</p> <p>Completion Date 5/25/2010</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Michael Murphy* TITLE: *Administrator* (X6) DATE: *5/27/2010*

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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(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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K 062	Continued From page 1 Reference to: NFPA 25 1999 Edition 2-2 Inspection. 2-2.1 Sprinklers. 2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.	K 062	K135 On 5/18/2010 the plastic "Rubber Maid" cabinet was replaced with a flammable proof cabinet for storage of flammable material. Maintenance Director will conduct audits per the maintenance schedule. Issues found will be taken to the Administrator immediately and addressed with the PI Committee for three months for further recommendations. Completion Date 5/25/2010	
K 135 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Flammable and combustible liquids are used from and stored in approved containers in accordance with NFPA 30, Flammable and Combustible Liquids Code, and NFPA 45, Standard on Fire Protection for Laboratories Using Chemicals. Storage cabinets for flammable and combustible liquids are constructed in accordance with NFPA 30, Flammable and Combustible Liquids Code, NFPA 99. 4.3, 10.7.2.1. This STANDARD is not met as evidenced by: Based on observation and staff interviews conducted on 05/11/10, it was determined the facility failed to properly store flammable and combustible liquids. The findings include: An observation during the Life Safety Code inspection on 05/11/10 at 10:45 AM, revealed	K 135		

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185312	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2010
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NAME OF PROVIDER OR SUPPLIER PADUCAH CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH THIRD STREET PADUCAH, KY 42001
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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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K 135	<p>Continued From page 2</p> <p>eight cans of wood finish, ten cans of rust-o-leum paint and two cans of paint thinner were stored in a plastic "Rubber Maid" cabinet. The label on the above items stated combustible, danger, extremely flammable. All flammable materials shall be stored in a flammable proof cabinet.</p> <p>An interview conducted with the Maintenance Director on 05/11/10 at 11:00 AM, revealed the facility did not have a flammable proof cabinet.</p>	K 135		
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