

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

PRINTED: 10/29/2013
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 10/17/2013
NAME OF PROVIDER OR SUPPLIER TWIN RIVERS NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 W. 3RD ST. OWENSBORO, KY 42301	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated survey (KY #20842) was conducted 10/16/13 through 10/17/13 to determine the facility's compliance with Federal Requirements. KY #20842 was substantiated with deficiencies cited.	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 receipt of the statement of deficiencies 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 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 and interview it was determined the facility failed to ensure the resident environment was free of accident hazards as is possible related to observation of an electric wall receptacle hanging loose from the wall with wiring visible. The electric receptacle also had a power strip plugged into it which had the resident's electric bed plugged into the power strip. The findings include: Interview with the Administrator, on 10/16/13 at 9:00 AM, revealed there was not a facility policy that she was aware of related to electrical receptacles. Observation, on 10/16/13 at 8:45 AM, revealed an	F 323		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Shelly Moffa, NHA

TITLE
Administrator

(X6) DATE
11/6/13

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 323	<p>Continued From page 1</p> <p>electric receptacle by the door in room #340 which was loose from the wall and the wires behind it were exposed. A power strip was plugged into the receptacle along with an oxygen (O2) concentrator. The power strip had the resident's electric bed and a personal refrigerator plugged into it.</p> <p>Interview with Resident #1, on 10/16/13 at 8:45 AM, revealed he/she knew everything was working and was unaware of the loose electrical receptacle.</p> <p>Interview with Maintenance Staff #1, on 10/16/13 at 8:50 AM, revealed he was unaware of the loose electrical receptacle in room #340. He revealed staff should turn in a work order when repair is needed and as far as he knew none had been turned in.</p> <p>Interview with a former Housekeeping staff, on 10/16/13 at 9:20 AM, revealed she had been shocked by the receptacle in room #340 in the past and she had reported it to the housekeeping supervisor.</p> <p>Interview with the Housekeeping Supervisor, conducted on 10/17/13 at 8:50 AM, revealed she was unaware of any housekeeping staff reporting a shock accident related to a loose electrical receptacle.</p> <p>Interview with the Administrator, on 10/16/13 at 9:00 AM, revealed she was not aware of anyone reporting an electrical shock. She also stated inservices related to power strips had been provided to the facility staff. She additionally stated resident beds were never to be plugged into a power strip.</p>	F 323	<p>F323</p> <p>1. On 10/16/2013, the electric receptacle in room #340 was repaired by maintenance so that it was not loose from the wall and no wires were exposed. The power strip was removed from room #340 by Administrator on 10/16/2013.</p> <p>2. On 10/22/2013, the Administrator completed an audit of all electric outlets in resident rooms to ensure no loose outlets or exposed wire present. Two (2) loose outlet covers were identified and corrected on 10/22/2013. On 10/22/2013, the Administrator completed an audit of all resident rooms to ensure that no power strips were in use to provide power to medical equipment or other appliances in permanent use. All identified issues were immediately corrected.</p> <p>3. The Facility staff were re-educated by the Administrator and/or Education and Training Director on 10/16/2013 regarding the requirement to complete work orders and forward to the Maintenance Director and Administrator if any loose outlets or exposed wires are identified and that power strips can not be used to provide power to medical equipment or other appliances in permanent use. No staff will work past 11/10/2013 without receiving the education.</p>		

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			4. The Maintenance Director and/or Unit Managers will conduct daily inspections Mon-Fri for two (2) weeks and then weekly inspections to ensure that no loose outlets or power strips are used to provide power to medical equipment or other appliances in permanent use. The results of the audits will be reviewed with the Quality Assurance Committee, at a minimum, monthly for three (3) months. If at any time concerns are identified, the Quality Assurance Committee will convene to review and make further recommendations as needed. The Quality Assurance Committee will consist of at a minimum the Director of Nursing, the Administrator, the Assistant Director of Nursing and the Social Services Director, with the Medical Director attending at least quarterly.	11/11/2013	

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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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K 000	INITIAL COMMENTS An abbreviated Life Safety Code survey was conducted on 10/16/13 for complaint KY #20846. The complaint was substantiated with a deficiency cited. Twin Rivers Nursing and Rehab was found not in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for one-hundred thirty-two (132) beds with a census of one-hundred twenty-two(122) on the day of the survey. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire) Deficiencies were cited with the highest deficiency identified at "F" level.	K 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 receipt of the statement of deficiencies 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.	
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure electrical wiring was maintained in accordance with NFPA standards. The deficiency had the potential to affect five (5) of five (5) smoke compartments, all residents, staff and visitors. The facility is certified for One-Hundred Thirty-Two (132) beds with a census of One-Hundred Twenty-Two (122) on the day of the survey. The facility failed to	K 147		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Shelly Mattia* TITLE: *Administrator* (X6) DATE: *11/6/13*

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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K 147	<p>Continued From page 1 ensure power strips were being used properly.</p> <p>The findings include:</p> <p>Observations, on 10/16/13 between 10:40 AM and 11:40 AM with the Maintenance Supervisor, revealed:</p> <ol style="list-style-type: none"> 1) A bed was plugged into a power strip located in room #340. 2) A breathing machine and an oxygen (O2) concentrator were plugged into a power strip located in room #334. 3) A bed was plugged into a power strip located in room# 336. 4) A mini-nebulizer, o2 concentrator, air mattress, and bed were plugged into a power strip located in room #337. 5) A refrigerator was plugged into a power strip located in room #344. 6) A mini-nebulizer was plugged into a power strip located in room #448. 7) An extension cord was plugged into a fan located in room #458. 8) An o2 concentrator was plugged into a power strip located in room #467. 9) A refrigerator was plugged into a power strip located in room #104. 10) A mini-nebulizer was plugged into a power strip located in room #113. <p>Interview, on 10/16/13 at 11:25 AM with the Maintenance Supervisor, revealed he was unaware of the items being improperly plugged into power strips and the one extension cords in use. The maintenance staff is conducting weekly audits on all electrical in the rooms due to the annual survey noting electrical power strip use in a resident room. Every room is checked in these</p>	K 147	<p>K 147</p> <ol style="list-style-type: none"> 1. On 10/16/2013, all medical equipment and appliances in permanent use were removed from power strips in rooms 340, 334, 336, 337, 344, 448, 467, 104 and 113 by Department Mangers. The extension cord was removed from room 458 on 10/16/2013 by Maintenance Director. 2. On 10/22/2013, the Administrator completed an audit of all resident rooms to ensure that no power strips were in use to provide power to medical equipment or other appliances in permanent use. All identified issues were immediately corrected. 3. Facility staff were re-educated by the Administrator and/or Education and Training Director on 10/16/2013 regarding the requirement that power strips can not be used to provide power to medical equipment or other appliances in permanent use. No staff will work past 11/10/2013 without receiving the education. Additional receptacles are being added in resident rooms to avoid the need for extension cords or multiple outlet adapters. 	

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K 147	<p>Continued From page 2</p> <p>audits and he is unaware of why there is so many examples of improper power strip use.</p> <p>Interview, on 10/16/13 at 11:55 AM with the Administrator, revealed that the maintenance personnel performed weekly audits of all resident rooms and reported to the maintenance supervisor once the audits were completed. She stated that department heads do daily room rounds and ensured the power strips were on the daily rounds checklist. She does not have the department heads document these daily rounds but they are completed. There is no audit performed behind the maintenance personnel to ensure the rooms are being properly checked. There is a work system in place if any staff members sees a problem with any electrical issue they are to fill out a work order and have maintenance resolve the problem. She was unaware of the improper use of power strips in the facility.</p> <p>Reference: NFPA 99 (1999 edition) 3-3.2.1.2 D Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.</p> <p>Reference: NFPA 70 (1999 Edition). 400-8. Uses Not Permitted Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following: 1. As a substitute for the fixed wiring of a</p>	K 147	<p>4. The Maintenance Director and/or Unit Managers will conduct daily inspections Mon-Fri for two (2) weeks and then weekly inspections to ensure that no power strips are used to provide power to medical equipment or other appliances in permanent use. The results of the audits will be reviewed with the Quality Assurance Committee, at a minimum, monthly for three (3) months. If at any time concerns are identified, the Quality Assurance Committee will convene to review and make further recommendations as needed. The Quality Assurance Committee will consist of at a minimum the Director of Nursing, the Administrator, the Assistant Director of Nursing and the Social Services Director, with the Medical Director attending at least quarterly.</p>	11/11/2013

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K 147	Continued From page 3 structure 2. Where run through holes in walls, structural ceilings suspended ceilings, dropped ceilings, or floors 3. Where run through doorways, windows, or similar openings 4. Where attached to building surfaces Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8. 5. Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors 6. Where installed in raceways, except as otherwise permitted in this Code.	K 147		