PRINTED: 06/07/2012
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	186415		C 05/19/2012

NAME OF PROVIDER OR SUPPLIER: ELLIOTT NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: RT 32 EAST, HOWARD CREEK RD, SANDY HOOK, KY 41171

(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 AMENDED An Abbreviated Survey investigating KY#00018130 was initiated on 04/24/12 and concluded on 04/26/12. After Supervisory review by the State Agency the investigation was re-opened, to gather additional information, on 05/18/12 and concluded on 05/19/12. KY#00018130 was substantiated with no deficiencies cited related to the allegation. A deficiency was identified with a scope and severity of a "D".	F 000	To the best of my knowledge and belief, as an agent of Elliott Nursing & Rehabilitation Center, the following plan of correction constitutes a written allegation of substantial compliance with federal Medicare and Medicaid requirements. Preparation and execution of this plan of correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the alleged deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law.	
F 252 SS=D	483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. 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 provide a safe, clean environment for two (2) of five (5) sampled residents (Residents #3 and #2). The facility failed to address a leak in the shower room as evidenced by a dry yellow and brown substance on the floor under Resident #3's bed and a dry brownish substance on the floor under Resident #2's bed extending three (3) feet from the wall that was a result of a leak in the adjacent shower room.	F 252	It is the policy of Elliott Nursing & Rehabilitation Center (ENRC) to provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. Repair of the wall and tile as identified in the resident room shared by #2 and #3 was completed on 5-2-12 by the Maintenance Director and Regional Maintenance Director. The Maintenance Director and Administrator have inspected all resident	6/18/12

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Benita Adkins | TITLE: Administrator | (X6) DATE: 6-18-12

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 252	Continued From page 1 The findings include: Review of the facility's policy entitled, "Repair Requisitions Policy" (Effective 01/01/95) revealed residents, visitors and employees shall report all maintenance needs to the Charge Nurse or other supervisory person, who would fill out the Blank Repair Requisition Form (triplicate) which would be kept at the Nurses Station. The top copy goes to the Maintenance Department, the middle copy goes to the Administrator and the bottom copy would be kept at the Nurses Station. The Maintenance Director will evaluate, prioritize and schedule the repairs. When the repair is completed the Maintenance Supervisor shall fill out the appropriate section on the requisition and have the requestor check the work as done and sign the requisition at the bottom. The Maintenance Director will take his and the Nurses Station copy to the Administrator's office, and the copies may then be destroyed. Record review revealed Resident #3 was admitted to the facility on 07/13/10 with diagnoses which included Multiple Sclerosis (MS), Hemiplegia - Dominant Side and Convulsions. Record review revealed Resident #2 was admitted to the facility on 01/04/12 with diagnoses which included Cerebral Vascular Accident (CVA) and Pneumonia. Observation, on 04/25/12 at 9:45 AM, revealed Resident #2 and Resident #3 were roommates and their room was beside the shower room. Observation, on 04/25/12 at 9:50 AM, revealed Resident #3's bed was against the wall and	F 252	rooms to identify any other needed repairs. Any identified repairs were appropriately addressed as of 5-17-12. On 5-17-12, the Administrator reeducated all staff to report needed repairs by completing the Repair Requisition Form and forwarding the triplicate copies to the Maintenance Director and the Administrator. On 5-2-12, the Administrator reeducated the Maintenance Director to utilize the Repair Requisition form to document requested repairs and forward his copy to the Administrator. The copies are reconciled by the Administrator to ensure the repair has been completed. Completed repairs are inspected weekly during compliance rounds completed by the Administrator or the Administrator-in-Training (AIT). On 5-2-12 the Maintenance Director was educated by the Administrator to complete environmental rounds weekly to ensure continued compliance. The Administrator and/or the AIT will conduct environmental rounds to ensure all repairs are reported and addressed weekly for four weeks and quarterly thereafter.	

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F 252	Continued From page 2 parallel to the common wall shared with the shower room. Continued observation revealed Resident #3's bed was pulled away from the wall for staff to perform a skin assessment. A dry yellow and brown substance was observed on the floor where the bed had been and a dry brown substance was observed under Resident #2's bed, past the resident's bedside table and extended from the wall into the resident's living area. Observation, on 04/25/12 at 10:15 AM, revealed the facility's Maintenance Director measured the area affected by the substance. The common wall was twenty-one (21) feet long and the affected area extended three (3) feet from the wall. Two (2) feet five (5) inches of the cove base was away from the wall and a black substance was seen on the wall behind the loosened cove base. Additionally, two (2) gouges were observed on the wall. The gouges were approximately twelve (12) inches from the floor, one (1) was one and one half (1 1/2) inches long by seven (7) inches wide and approximately one half (1/2) inch deep, the other was two and one half (2 1/2) inches long and eight (8) inches wide and depth was through the wall board. Interview, on 04/25/12 at 10:25 AM, with the Maintenance Director revealed he was unaware the wall was in that shape or that the shower was leaking again. He stated the facility had waterproofed the showers two (2) times in the past, the last time they used Duralock and rubber mats up the wall. Further interview revealed the facility would have to call a contractor because the whole wall and tiles would have to be removed. He stated he expected staff to let him	F 252	The completed weekly environmental rounds performed by the Maintenance Director will be forwarded to the CQI committee monthly to be monitored for ongoing compliance.	

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F 252	Continued From page 3 know when something was wrong. Interview, on 04/25/12 at 5:15 PM, with the Administrator revealed the facility had repaired the showers twice in the past. She stated everyone was suppose to let the Maintenance Director know if something needed to be fixed.	F 252		