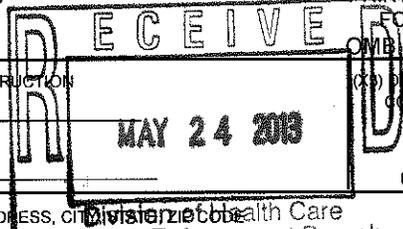


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

\*AMENDED\*

PRINTED: 05/14/2013  
FORM APPROVED  
OMB NO. 0938-0391



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185433 | (X2) MULTIPLE CONSTRUCTION:<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/19/2013 |
|--|--|---|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>TRI-CITIES NURSING & REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP<br>19101 US Highway North<br>CUMBERLAND, KY 40823 |
|--|--|

| (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<br><br>An abbreviated standard survey (KY19873) was conducted on 03/19/13. The allegation was substantiated with deficient practice identified at "D" level.  | F 000 | Tri-Cities Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality of care of the residents. The plan of correction is submitted as a written allegation of compliance.  |  |
| F 203<br>SS=D | 483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE<br><br>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.<br><br>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.<br><br>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.<br><br>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer | F 203 | Tri-Cities Nursing and Rehabilitation Center's response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Tri-Cities Nursing and Rehabilitation Center reserves the right to submit documentation to refute any of the stated deficiencies on this Statement of Deficiencies through informal dispute |  |

|   |                        |                      |
|---|------------------------|----------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br> | TITLE<br>Administrator | (X6) DATE<br>5-23-13 |
|---|------------------------|----------------------|

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 203   | Continued From page 1<br>or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview, record review, and facility policy review, it was determined the facility failed to ensure there was documented evidence in the medical record to support the issuance of a discharge notice for one (1) of three (3) sampled residents (Resident #1). The facility sent a written notice to Resident #1's family member on 02/28/13, of the facility's intent to discharge the resident from the facility on 03/30/13 due to the facility not being able to meet the resident's needs. However, according to staff interviews and record review, the resident's care needs were being met in the facility.<br><br>The findings include: | F 203   | resolution, formal appeal procedure and/or any other administrative or legal proceeding.<br><br><b><u>ID Prefix Tag F203</u></b><br><br>The facility will continue to permit residents to remain in the facility and will transfer or discharge the resident from the facility in accordance to state law.<br><br>A copy of the discharge notice given to resident #1 was mailed to the resident's husband by certified mail on 2-28-13 and a copy also placed in the resident's chart along with a typewritten and signed note from the administrator noting reasons for discharge.<br><br>At the time the notice was given, the resident was admitted to the hospital. |   |

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| F 203   | <p>Continued From page 2</p> <p>A review of the facility's policy titled, "Transfer and Discharge," dated January 2009, revealed the facility would permit each resident to remain in the facility, and not transfer or discharge from the facility unless the transfer or discharge was necessary for the resident's welfare and the resident's needs could not be met in the facility.</p> <p>A review of the medical record for Resident #1 revealed the resident had been admitted by the facility on 09/07/12, with diagnoses that included Alzheimer's Dementia, Chronic Kidney Disease, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, Cerebral Vascular Accident, and Hemiparesis. The medical record also revealed the resident had been admitted to the hospital on 03/18/13 and was not currently at the facility.</p> <p>A review of the last quarterly Minimum Data Set (MDS) assessment completed on 02/12/13, revealed the resident had been assessed by the facility to have severely impaired cognition, and required the total assistance of two persons for transfers and to turn and reposition in bed. The MDS also revealed the resident was incontinent of both bowel and bladder, and required a gastrostomy tube feeding for nutrition. Further review of the medical record revealed there was no documented reason to support that the facility could not meet the resident's needs; however, a discharge notice was issued indicating the facility was not able to meet the resident's needs.</p> <p>A review of written notice of discharge dated 02/28/13, revealed the facility notified Resident #1's family member of the facility's intent to discharge the resident from the facility on</p> | F 203   | <p>Subsequently, on March 2, 2013, the resident returned to the facility from the hospital. On March 3, 2013 she returned to hospital.</p> <p>On March 7, 2013, resident #1 returned to the facility and remained until March 18, 2013 when she was again admitted to the hospital.</p> <p>On March 23, 2013 she returned to the facility and again on March 25, 2013, she returned to the hospital where she remained until she expired on April 5, 2013.</p> <p>Resident #1 remained on bedhold and was never discharge from the facility nor was she denied re-admission to the facility after the notice was given on 2-28-13.</p> <p>The administrator reviewed on 3-29-13 the facility records listing all recently discharged patients to determine if appropriate discharge notices</p> |                      |   |

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| F 203   | <p>Continued From page 3</p> <p>03/30/13, due to the facility not being able to meet the resident's needs. The discharge notice revealed the facility intended to discharge the resident to his/her home with hospice services because the family member expected one on one care to be provided by the nursing staff, immediate attention be given to the resident above the needs of other residents, and the refusal of the family member for nursing interventions to be provided that would benefit the resident's care such as geri-sleeves.</p> <p>Interviews conducted on 03/19/13, with State Registered Nursing Assistant (SRNA) #1 at 1:45 PM, with SRNA #2 at 1:50 PM, and with SRNA #3 at 2:00 PM, revealed Resident #1 required the assistance of two staff persons for bathing, turning and repositioning the resident and providing incontinence care. The SRNAs stated they felt the facility had provided the care the resident required and was still able to provide for the care needs of the resident.</p> <p>An interview conducted with Registered Nurse (RN) #1 on 03/19/13, at 2:25 PM, revealed the resident required assistance from staff for turning and repositioning, incontinence care, gastrostomy tube feeding, and oxygen therapy. The RN revealed she felt the facility could provide the care the resident required.</p> <p>An interview conducted with Physician #1 on 03/19/13, at 2:50 PM, revealed he was the physician for Resident #1, and he felt the facility could and had provided the care which was required for Resident #1. The physician stated the family member of Resident #1 was very demanding and unrealistic in his/her expectations</p> | F 203   | <p>were sent in accordance to state law and appropriate documentation in the medical record.</p> <p>The Administrator was inserviced on 3-29-13 on the facility's Transfer and Discharge Policy by the Regional VP.</p> <p>The Social Worker was inserviced on 5-14-13 to ensure documentation in the medical record when there is a need for transfer or discharge.</p> <p>The Admissions Coordinator will monitor discharges to ensure appropriate discharge notices are sent and documentation made in the medical record in accordance to state law using a QI audit tool weekly for one month and then monthly for two months.</p> <p>The results of these audits will be reviewed monthly by the Executive QI committee to ensure compliance.</p> | 5-15-13              |   |

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| F 203   | <p>Continued From page 4 of the staff.</p> <p>An interview conducted with the Director of Nursing (DON) on 03/19/13, at 3:25 PM, revealed she felt the facility could provide the care Resident #1 required, however, was unable to provide the care the family member expected. The DON stated the family member expected one to one care for the resident and the facility was unable to provide that type of care.</p> <p>An interview conducted with the Administrator on 03/19/13, at 3:45 PM, revealed the facility had conducted several meetings with Resident #1's family, and he felt the resident's family wanted more care for the resident than the facility could provide. The Administrator stated the family of Resident #1 would want staff to stop providing care for other residents, and come to provide care for Resident #1, and would not allow the facility to implement interventions such as geri-sleeves that would benefit the resident's care. The Administrator stated he felt the facility had provided good care for Resident #1, but had been unable to please the resident's family member. The Administrator stated the facility had sent a letter of discharge because the facility could not meet the resident's family's wants and expectations.</p> | F 203   |   |                      |   |