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

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FORM APPROVED
OMB NO. 0938-0391

RECEIVED DEC 15 2011 Division of Health Care Southern Enforcement Branch

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185414		11/22/2011

NAME OF PROVIDER OR SUPPLIER
MOUNTAIN MANOR OF PAINTSVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE
1025 EUCLID AVENUE
PAINTSVILLE, KY 41240

(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 standard survey (KY16970) was conducted on 11/22/11. The complaint was substantiated and deficient practice was identified at 'D' level.	F 000	Mountain Manor of Paintsville does not believe and does not admit that any deficiencies existed, either, before, during or after the survey. Mountain Manor of Paintsville reserves all rights to contest the survey findings through informal dispute resolution, formal legal appeal 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 of care, contract obligation or position, and Mountain Manor reserves the right 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 potentially applicable peer review, quality assurance, or self-critical examination privileges which Mountain Manor of Paintsville does not waive, and reserves the right to assert in any administrative, civil, criminal claim, action or proceeding. Mountain Manor of Paintsville offers its responses, credible allegation of compliance, and plan of correction as part of its ongoing effort to provide quality care to its residents.	
F 205 SS=D	483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to ensure a written notice that specified the duration of the bed-hold policy was provided to one of three sampled residents (Resident #1). The facility admitted Resident #1 on 05/05/11 with Medicare as his/her primary pay source. On 06/28/11, Resident #1	F 205	F205 483.12(b)(1)&(2) Notice of Bed-Hold Policy Before/Upon Transfer	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deborah Fitzpatrick
TITLE: Administrator
(X6) DATE: 12-15-11

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 205	Continued From page 1 was transferred and admitted to the hospital related to increased agitation. However, the facility failed to provide the resident with a bed-hold notice upon transfer to the hospital. The findings include: An interview with facility Social Worker #1 on 11/22/11, at 4:30 PM, revealed the facility did not have a bed-hold policy related to residents admitted under Medicare as a payor source. Further interview revealed the facility's procedure related to bed-hold for Medicare residents was to inform the residents and/or responsible party upon admission that Medicare would not pay for bed-hold and, at the time of admission, the resident and or family member would choose whether their bed would be reserved in the event of a transfer. A review of Resident #1's medical record on 11/22/11 revealed the facility admitted Resident #1 on 05/05/11 with diagnoses of Femur and Scapula Fracture, fall prior to admission, Anxiety, and Hypertension. Based on documentation, Resident #1 was transferred to the hospital on 06/28/11 for evaluation related to an increase in agitation and was subsequently admitted to the hospital. However, there was no documentation provided that the resident had been given a bed-hold notice at the time of the transfer to the hospital. An interview with the Director of Nursing on 11/22/11, at 4:45 PM, revealed she was unaware of the facility's policy/procedures related to bed-hold information provided at the time a resident was transferred out of the facility.	F 205	It is the policy of Mountain Manor of Paintsville that before the facility transfers a resident to a hospital or allows a resident to go on therapeutic leave that written information will be provided to the resident and a family member or legal representative specifying the duration of the bed-hold policy and facility policy regarding bed hold periods. 1. The alleged deficient practice cannot be corrected as it relates to Resident #1 due to the resident being discharged from the facility. 2. On November 23, 2011, Emily Jones-Gray, Assistant Administrator reviewed midnight census for residents who were transferred out of the facility with the anticipation of return. One resident was identified. Emily notified the hospital/s with a faxed copy of the bed-hold policy for this resident. A copy was also mailed to the family member/responsible party. 3. All residents will be given written information regarding Mountain Manor of Paintsville's bed-hold policy before they are transferred to a hospital or before they go on therapeutic leave. A 3-part form has been developed by Deborah Fitzpatrick, Administrator and Emily Jones-Gray, Assistant Administrator regarding Mountain Manor of Paintsville's bed-hold policy. This form will be filled out (by the nurse completing the transfer)	

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F 205	Continued From page 2 Further interview revealed the facility Social Worker was responsible to provide residents with information needed related to bed-hold policies and procedures. Continued interview with facility Social Worker #1 confirmed she had the responsibility to provide information to the residents and/or responsible parties related to bed-hold information. Social Worker #1 stated in accordance with the facility's policy she had not provided Resident #1 with written bed-hold policy information upon transfer to the hospital on 06/28/11.	F 205	upon a resident's transfer to a hospital or therapeutic leave. The business office will mail a copy of the bed -hold form to family member/responsible party. Staff began utilizing this form on November 23, 2011. All nurses will be inserviced about bed-hold policy paperwork by Mary Arms, Director of Nursing. Inservicing started on November 28, 2011, and will be completed by January 06, 2012 by Mary Arms, DON. 4. Social Service staff Kathy Meadows and Misty Pennington will audit charts each time a resident is transferred to a hospital or when they go out on therapeutic leave to ensure the written bed-hold form has been filled out and distributed appropriately. This audit will be ongoing. Results of the chart audits will be reported monthly through CQI and quarterly to the QA Committee Kathy Meadows, LSW and Misty Pennington, BSW. The Medical Director reviewed and approved the facility bed-hold form. The plan of correction for the alleged deficiency has been sent to the Medical Director for review. As part of the QA process, the Medical Director will review the results of the chart audit quarterly. 5. Date of correction is 01-06-2012.	01-06-2012

Mountain Manor of Paintsville
Certified Nursing Facility
US 40
1025 Euclid Avenue
Paintsville, Kentucky 41240
(606) 789-5808
Fax (606) 789-6412

NOTIFICATION OF BED HOLD / BED RESERVATION POLICY

In Kentucky, Medicaid reserves a Medicaid eligible resident's bed for a maximum of 14 bed hold days for hospitalization and 10 bed hold days for the therapeutic leaves of absence per year.

If a resident's hospitalization or therapeutic leave is not covered by Medicaid or exceeds the number of bed hold days allowed by Medicaid, the resident has two choices. The resident may choose to pay privately to hold a bed for those days that are not covered or to voluntarily discharge from the facility by choosing not to pay privately to hold the bed for any days not covered under the Medicaid bed hold policy. If the resident voluntarily discharges the resident will be immediately readmitted upon the first availability of a bed in a semi-private room.

When a resident or responsible party is notified of the exhaustion of the bed hold days; they must specify at the time of their notification whether or not they wish to continue reserving the bed.

Medicare does not pay bed hold during a resident's leave of absence from the facility.

For Medicare and private pay residents, if a bed hold is not paid for by the resident or on the resident's behalf, the resident voluntarily discharges from the facility.

Facility Representative	Resident Name
Date of Discharge or Transfer	Resident / Responsible Party Signature

Resident Name	Date of Transfer	Was form sent with resident Y/N	If no, correction action taken if needed

EMPLOYEE'S INSERVICE

DEPARTMENT Nsg.

DATE 11/28/11

MEETING HELD ON:(DAY)_____FROM_____TO_____

MEETING AREA_____ SUBJECT(S) COVERED Bed hold letters
Home Visits for MC - must be back by 12Am
. TOTAL NO. EMPLOYEES PRESENT

EMPLOYEE SIGNATURES:

CONFERENCE CONDUCTED BY

TO: Nurse's

RE: Bed Hold

Date: 11/28/11

If a resident is on medicare, they do not have bed hold days. If they want to go for a home visit, they must be back into the facility before midnight.

If a person is on medicare, they will have a green dot on their chart.

If you have any questions concerning this, you may call