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

PRINTED: 11/06/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185242		C 10/23/2013

NAME OF PROVIDER OR SUPPLIER: WINDSOR CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 125 STERLING WAY, MOUNT STERLING, KY 40353

(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	F 000	The following constitutes the facility's response to the findings of the Department for Health Services and does not constitute an admission of the facts alleged or conclusions set forth on the summary statement of deficiencies.	

An Abbreviated Survey investigating KY00020831 was initiated on 10/22/13 and concluded on 10/23/13. KY00020831 was substantiated with deficiencies cited.

F 240 SS=D 483.15 CARE AND ENVIRONMENT PROMOTES QUALITY OF LIFE

A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

This REQUIREMENT is not met as evidenced by:
The facility failed to ensure care was provided for residents in a manner and in an environment that promoted maintenance or enhancement of each resident's quality of life for one (1) of three (3) sampled residents. Resident #1 enjoyed reading; however, the resident's quality of life was decreased after his/her prescription glasses went missing on 10/02/13. The resident reported he/she could no longer read much as he/she required the use of the glasses in order to read. The facility was aware Resident #1's glasses were missing and failed to follow-up with the resident to see if he/she wanted to obtain new glasses.

The findings include:

Record review of Resident #1's medical record revealed the facility admitted the resident on 01/13/11, with diagnoses which included Non-Alzheimer's Dementia, Chronic Pain, and

RECEIVED NOV 15 2013

F 240 deficiencies.

This plan of correction is prepared as required by the provisions of the Health Safety code, 42 CFR and constitutes the facility's written credible allegation of compliance.

F240

Prescription eye glasses were ordered 10/25/13 for resident # 1.

Missing items log and resident council minutes were reviewed for the past three months, on 10/28/13, by the QA Nurse, DON and Social Services, no other residents identified as having missing glasses or other items that would require an assessment or follow up appointments.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rebecca Crosley | TITLE: Administrator | (X6) DATE: 11-14-13

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185242		C 10/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR CARE CENTER	125 STERLING WAY MOUNT STERLING, KY 40353

(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 240	Continued From page 1 Hypertension. Review of the Quarterly Minimum Data Set (MDS) dated 07/23/13, revealed the facility had assessed the resident as being moderately cognitively impaired. Review of the MDS revealed the facility assessed Resident #1's vision to be adequate with corrective lenses. In addition, the MDS noted the facility assessed Resident #1 to be understood and had the ability to understand others. Review of the Vision Consultant report dated 08/29/13, revealed the resident's vision was adequate with his/her current prescription glasses. Review of the "Preferences for Customary Routine and Activities" assessment dated 10/15/13 revealed Resident #1's vision was adequate with glasses. Further review of the assessment revealed the resident responded it was very important to have books, newspapers, and magazines to read. Review of the "Life Enrichment/Activities" annual assessment revealed Resident #1's vision was adequate with glasses. Further review of the annual assessment revealed Resident #1 enjoyed activities that included reading groups and reading books. Review of the Facility's Missing/Damaged Items Report, dated 10/02/13, revealed Resident #1's glasses went missing on 10/02/13. Observation and interview of Resident #1, on 10/23/13 at 3:56 PM, revealed the resident did not have on prescription glasses. Continued observation revealed the resident had been reading books in his/her room. Interview with	F 240	A QA subcommittee was developed on 10/28/13, consisting of the QA Nurse, DON, Social Service Director, unit managers, Activity Director and the Administrator as available. The team will review the missing items list and any grievances and determine need for assessment and follow up. Resident council minutes will continue to be reviewed monthly by DNS, QA Nurse and Social Services Director and issues addressed with follow up. Missing items list will be reviewed daily, Monday thru Friday by the QA Nurse, DNS, ADON, Unit Managers, Activity Director, Social Services and Administrator as available utilizing the missing items forms and log sheet.	10-29-13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185242		C 10/23/2013
NAME OF PROVIDER OR SUPPLIER: WINDSOR CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 125 STERLING WAY, MOUNT STERLING, KY 40353	

(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 240	Continued From page 2	F 240		

Resident #1 revealed the resident enjoyed reading greatly; however, had not been able to read much since his/her glasses had been missing. Resident #1 indicated it bothered his/her eyes to read without glasses. Resident #1 stated he/she had just tried to read in the sun room at the end of the hall, but was unable to read without the glasses. Continued interview with the resident revealed he/she felt not having glasses had effected the quality of his/her life. Resident #1 reported no one in the facility had talked to him/her about replacing the glasses.

Further interview of Resident #1, on 10/23/13 at 6:20 PM, with the Assistant Director of Nursing (ADON) present, revealed the resident couldn't read as much without glasses. Resident #1 stated he/she would lay in bed and read for about three (3) hours with the glasses, but now it hurt his/her eyes to try to read. Resident #1 further stated he/she definitely wanted an eye appointment to get new glasses, but did not speak to the facility because they should have known he/she needed the glasses.

Interview, on 10/23/13 at 4:12 PM, with Nursing Assistant State Registered (NASR) #1 revealed she took care of Resident #1 routinely and, the resident wore glasses most of the time, including when he/she read. The NASR stated she thought Resident #1 had read about two (2) to three (3) times a week and appeared to enjoy reading. NASR #1 stated she thought the loss of Resident #1's glasses had an impact on the resident because since the glasses went missing he/she thought the resident read only one (1) time.

Interview, on 10/23/13 at 4:06 PM and 5:38 PM, with Licensed Practical Nurse (LPN) #1/Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185242		C 10/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR CARE CENTER	125 STERLING WAY MOUNT STERLING, KY 40353

(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 240	Continued From page 3 Manager Lakeview Unit revealed Resident #1 wore glasses "a lot" and liked to read very much, mostly at night. The LPN/Unit Manager stated Resident #1 had not complained about having any problems with his/her eyes to staff or to her. Continued interview with the LPN/Unit Manager revealed she would have expecled staff to have assessed or asked the resident if he/she was having any problems with vision. She stated this should have been addressed with the resident. Interview, on 10/23/13 at 5:11 PM, with Social Services Worker (SSW) #1 revealed Resident #1's glasses went missing on 10/02/13; and, the resident was his/her own Power of Attorney (POA) and could make decisions regarding his/her care. The SSW stated she was not aware the resident like to read and had not asked the resident if not having glasses had an impact on his/her quality of life. The SSW further stated she assumed the missing glasses were not a problem for Resident #1. She stated she should probably have talked to Resident #1 about what the resident wanted her to do about getting an eye appointment. Interview, on 10/23/13 at 7:04 PM, with the Activities Director revealed the resident was assessed to enjoy reading very much and also went to reading activities. She stated Resident #1 "pretty much" always had his/her glasses on; however, the resident's glasses had been missing for awhile. She further stated it would impact Resident #1's quality of life if he/she was unable to read. Continued interview with the Activities Director revealed from an activity point of view, the facility should have assisted the resident in trying to get the assistive devices (glasses) that would help improve Resident #1's quality of life.	F 240		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185242		C 10/23/2013
NAME OF PROVIDER OR SUPPLIER: WINDSOR CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 125 STERLING WAY, MOUNT STERLING, KY 40353	

(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 240	Continued From page 4	F 240		
	Interview, on 10/23/13 at 6:00 PM and 6:38 PM, with the Assistant Director of Nursing (ADON) revealed facility staff should have assessed Resident #1's vision after he/she had lost the glasses to see if he/she wanted a vision appointment. The ADON further stated not having glasses effected the resident's quality of life because the resident stated he/she could not read and enjoyed reading.			
F 244 SS=D	483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION	F 244		
	When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.		F244	
	This REQUIREMENT is not met as evidenced by: The facility failed to act upon the grievance and recommendation of residents affecting resident care and life in the facility for one (1) of three (3) sampled residents (Resident #1). Resident #1 had glasses missing on 10/02/13 which the facility investigated; however, the facility failed to listen to the resident's grievance or communicate it's decisions to the resident.		Prescription eye glasses were ordered 10/25/13 for resident # 1.	
	The findings include:		Missing items log and resident council minutes were reviewed for the past three months, on 10/28/13, by the QA Nurse, DON and Social Services, no other residents identified as having missing glasses or other items that would require an assessment or follow up appointments.	
	Review of the facility's policy, "Complaint Handling Policy", review date of 04/09, revealed it was the policy of the facility to handle complaints by residents in a professional, unbiased, and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185242		C 10/23/2013

NAME OF PROVIDER OR SUPPLIER: WINDSOR CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 125 STERLING WAY, MOUNT STERLING, KY 40353

(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 244 Continued From page 5

understanding manner. Further review of the policy revealed it was the responsibility of the Department Manager to determine what action(s) were needed and then see the action(s) were followed through.

Review of the facility's "Self-Reported Incident Form" daled 10/03/13, revealed Resident #1 had reported his/her eye glasses were missing on 10/02/13. Review of the facility's "Self-Reported Incident Form" five (5) day followup/final report dated 10/09/13, revealed the glasses had not been found.

Record review of Resident #1's medical record revealed the facility admitted the resident on 01/13/11, with diagnoses which included Non-Alzheimer's Dementia. Review of the Quarterly Minimum Data Set (MDS), dated 07/23/13, revealed the facility had assessed the residenl as being moderately cognitively impaired and able to understand and be understood Continued review of the MDS revealed the facility assessed Resident #1's vision as adequate with the use of corrective lenses. Further review of Resident #1's medical record revealed no documented evidence the facility had assessed the resident's vision problems or had followed-up with the resident regarding the missing glasses.

Observation of Resident #1, on 10/23/13 at 1:43 and 3:56 PM, revealed the resident did not have on glasses. Interview, at the times of the observations, with Resident #1 revealed he/she wore his/her glasses all the time. Resident #1 stated he/she noticed his/her glasses were missing one (1) morning and, had reported the missing glasses to the facilily right away. The resident indicaled the facility searched for the

F 244 A QA subcommittee was developed on 10/28/13, consisting of the QA Nurse, DON, Social Service Director, unit managers, Activity Director and the Administrator as available. The team will review the missing items list and any grievances and determine need for assessment and follow up.

Resident council minutes will continue to be reviewed monthly by DNS, QA Nurse and Social Services Director and issues addressed with follow up.

Missing items list will be reviewed daily, Monday thru Friday by the QA Nurse, DNS, ADON, Unit Managers, Activity Director, Social Services and Administrator as available utilizing the missing items forms and log sheet.

10-29-13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185242		C 10/23/2013
NAME OF PROVIDER OR SUPPLIER: WINDSOR CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 125 STERLING WAY, MOUNT STERLING, KY 40353	

(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 244	Continued From page 6	F 244		

glasses; however, no one had come back to him/her and talked about the missing glasses. Resident #1 further stated "they" (facility) had not talked to him/her about getting his/her eyes checked or about getting the glasses replaced. Further interview of Resident #1, on 10/23/13 at 6:20 PM, with the Assistant Director of Nursing (ADON) present, revealed the resident definitely wanted an eye appointment to get new glasses. Resident #1 stated he/she did not speak to the facility regarding the missing glasses because they should have known he/she needed them.

Interview, on 10/23/13 at 4:06 PM and 5:38 PM, with Licensed Practical Nurse (LPN) #1/Unit Manager (UM) Lakeview Unit revealed after the resident's glasses went missing, her expectations were that staff would have assessed or asked Resident #1 if he/she was having any vision problems. According to the LPN/UM, this should have been addressed and the resident asked if he/she wanted an eye appointment to have his/her eyes checked since he/she wore glasses "a lot".

Interview, on 10/23/13 at 5:11 PM, with Social Services Worker (SSW) #1 revealed Resident #1's glasses went missing on 10/02/13. She stated Resident #1 was his/her own Power of Attorney (POA) and could make decisions regarding his/her care. The SSW stated she assumed the missing glasses were not a problem; however, she probably should have talked to Resident #1 about what the resident wanted her to do in regards to the missing glasses. The SSW further stated she should have talked to Resident #1 or the resident's family about making an eye appointment and getting new glasses. The SSW stated something like

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185242		C 10/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR CARE CENTER	125 STERLING WAY MOUNT STERLING, KY 40353

(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 244	Continued From page 7 that should have been done since the resident can make his/her own decisions. Interview, on 10/23/13 at 6:00 PM and 6:38 PM, with the Assistant Director of Nursing (ADON) revealed Resident #1's glasses were missing since 10/02/13. The ADON stated the resident usually let them know if he/she was having any problems and she was not aware of any complaints by the resident. However, she further stated facility staff should have assessed Resident #1's vision after he/she had lost his/her glasses to see if the resident was having problems or wanted a vision appointment.	F 244		