



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

PRINTED: 10/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  09/23/2010
NAME OF PROVIDER OR SUPPLIER  KNOTT COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 388 PERKINS MADDEN ROAD HINDMAN, KY 41822		
(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 279	<p>Continued From page 1</p> <p>the results of the Minimum Data Set Assessment to develop an individualized comprehensive care plan for two (2) of twenty-five (25) sampled residents (resident #2 and resident #6). Resident #1 and resident #6 were assessed to have oxygen ordered without a care plan developed to identify quantifiable objectives for the highest level of functioning.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Resident #2 was readmitted to the facility on August 24, 2010, with medical diagnoses of Hepatic Encephalopathy, Cryptogenic Cirrhosis with history of Ascites, Diabetes Mellitus, Increased Ammonia Level, Hypersplenism, Hyperlipidemia, Coronary Artery Disease, and Acute Bronchitis.</li> </ol> <p>Observations conducted on September 21, 2010, at 2:55 p.m. and 4:00 p.m., and on September 22, 2010, at 9:45 a.m., revealed resident #2 in bed with oxygen in use per nasal cannula at two liters per minute.</p> <p>An interview conducted on September 22, 2010, at 3:45 p.m., with the MDS Coordinator (Minimum Data Set Coordinator) revealed any time a resident is admitted to the facility with a physician's order for oxygen, the oxygen should be care planned as part of the master care plan or added as a care plan update with the resident's admission care plan. The MDS Coordinator further stated resident #2 was assessed for oxygen therapy and had a physician's order for oxygen when admitted to the facility. The MDS Coordinator revealed resident #2 did not have a care plan for oxygen, however, resident #2 should have had a care plan for oxygen therapy when</p>	F 279	<ol style="list-style-type: none"> <li>The Unit Supervisor and/or MDS Coordinator will review all new admissions and readmissions from an acute hospital stay. When a resident is identified to have a new onset of a respiratory condition or an exacerbation of an existing respiratory condition, staff will initiate a care plan which will include goals and interventions for that resident specific problem and will be placed with the working care plan for review. All Unit Supervisors/MDS Coordinators were inserviced 9/30/2010 by the Administrator on the RAI/Care Planning Process as well as how to care plan for residents with oxygen.</li> <li>The facility will perform weekly chart audits of residents with O2 orders that will consist of 3 resident charts per unit. The CQI Committee Designee will review these charts for medical conditions requiring the use of oxygen and check the care plan to ensure appropriate interventions and attainable goals are in place and individualized. Chart audits will be conducted weekly for one month and then monthly for one quarter. Any irregularities will be corrected immediately and reported to the CQI Committee for further follow up.</li> <li>Completion Date: September 30, 2010.</li> </ol>		

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

PRINTED: 10/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  09/23/2010
NAME OF PROVIDER OR SUPPLIER  KNOTT COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 388 PERKINS MADDEN ROAD HINDMAN, KY 41822		
(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 279	<p>Continued From page 2 admitted to the facility.</p> <p>Review of resident #2's record revealed a physician's readmission order dated August 24, 2010, for oxygen at two liters per minute via nasal cannula. Further record review revealed a current physician's order for resident #2 dated September 1, 2010 through September 30, 2010, for oxygen at two liters per minute. Additional record review of the Minimum Data Set Assessment dated September 6, 2010, revealed resident #2 was assessed for oxygen therapy. However, record review of the resident's care plans revealed no comprehensive care plan for the oxygen.</p> <p>2. A review of the medical record for resident #6 revealed the resident had been admitted to the facility on September 4, 2003, with diagnoses to include Parkinson's Disease, Alzheimer's Disease, and Dysphagia. The record further revealed a physician's order dated September 1, 2010, for oxygen to be administered at two liters per minute by nasal cannula. A review of the care plan for resident #6 revealed no care plan had been implemented to address the resident's required oxygen therapy. A review of the comprehensive assessment for resident #6, dated August 13, 2010, revealed the resident had been assessed to require oxygen therapy.</p> <p>Observations of resident #6 on September 21, 2010, at 2:40 p.m. through September 22, 2010, at 4:30 p.m., revealed the resident was receiving oxygen administered by nasal cannula.</p> <p>An interview was conducted with the MDS Coordinator on September 22, 2010, at 3:40 p.m. The MDS Coordinator revealed there had been</p>	F 279		

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

PRINTED: 10/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/23/2010
NAME OF PROVIDER OR SUPPLIER  KNOTT COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 388 PERKINS MADDEN ROAD HINDMAN, KY 41822	
(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 279	Continued From page 3 no care plan developed to address the oxygen therapy for resident #6. The MDS Coordinator further revealed a care plan should have been developed for resident #6 to address the resident's oxygen therapy.  A review of the policy titled Comprehensive Care Plans (not dated) revealed the facility is required to develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. Record review of the resident's care plan revealed no comprehensive care plan for the oxygen.	F 279		
F 465 SS=E	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON  The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to provide effective housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. During the environmental tour of the facility on September 21-23, 2010, the following areas were observed: a black substance on floor tiles, broken electrical covers, bathroom doors sticking, torn plastic covers on geri-chair arms, cracked plaster, shaky and torn toilet seats, chipped doors and sink countertops, loose sink faucets, sinks with missing caulk, and	F 465	1. All items and areas in need of repair have been repaired or replaced when indicated. The black substance on the floor tiles of rooms 101, 113, 120, 122, 123, 124, and 125 was removed. The metal doorstops on the bathroom doors to room 103, 104, 113, 124, and 162 were replaced. The chipped countertops in rooms 103, 104, 113, 124, and 162 were repaired. Caulking was inserted around sinks in room 103 and 159 where it was missing. The toilet seats were replaced in rooms 104, 160, and 162. Entry doors to rooms 109, 113, 117, 118, 119, 120, 121, 123, 124, 156, 161, and 165 were repaired. Entry door to room 162 was repaired and closes/opens easily. Electrical outlet covers were replaced in rooms 113 and 165. The sink was repaired in room 159 and faucet fixtures were repaired. Plaster was repaired in room 165 where it was cracked. Geri chair was repaired in	

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

PRINTED: 10/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  09/23/2010
NAME OF PROVIDER OR SUPPLIER  KNOTT COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 388 PERKINS MADDEN ROAD HINDMAN, KY 41822		
(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 465	<p>Continued From page 4</p> <p>metal doorstops with exposed sharp ends in resident rooms. Cracked files were observed in the IC unit hallway. The women's and the men's bath on both the Skilled and the IC units had worn and dirty nonskid pads in the bathtubs, and grout in need of replacing.</p> <p>The findings include:</p> <p>Observations of the facility from September 21-23, 2010, revealed the following areas were in need of maintenance/housekeeping services:</p> <ul style="list-style-type: none"> <li>-Resident rooms 101, 113, 120, 122, 123, 124, and 125 were observed to have a black substance on the floor tiles in between the resident beds.</li> <li>-Metal doorstops were observed on the bathroom doors of resident rooms 103, 104, and 117 with plastic end pieces missing, leaving sharp metal exposed.</li> <li>-Resident rooms 103, 104, 113, 124, and 162 had chipped sink countertops in need of repair.</li> <li>-Resident rooms 103 and 159 were missing the caulking around the sinks.</li> <li>-Resident rooms 104, 160, and 162 had toilet seats noted to be shaky and had torn foam padding.</li> <li>-Resident rooms 109, 113, 117, 118, 119, 120, 121, 123, 124, 156, 159, 161, and 165 were observed to have chipped rough entry doors in need of repair.</li> <li>-Resident room 162 had an entry door that</li> </ul>	F 465	<p>room 173. The floor tile was replaced in the hall of the IC unit. The bathtubs in the men and women's bath on IC and Skilled units were cleaned and non skid pads were removed. These tubs are not used. The Corporate Foreman and Housekeeping Supervisor verified all areas mentioned have been corrected.</p> <ol style="list-style-type: none"> <li>2. All resident areas are safe functional and sanitary. Thorough environmental rounds have been conducted throughout the facility and identified concerns have been corrected.</li> <li>3. An in service was conducted on 9/30/10 by the Administrator with all staff including housekeeping and maintenance staff regarding the importance of maintaining a safe functional and sanitary environment. The in service specifically addressed reporting items in need of repair/replacement to the Maintenance Department utilizing the CQI referral form or Maintenance Repair Request Form. Additional in-services were conducted with housekeeping staff on 9/30/10 by the Housekeeping Supervisor regarding maintaining a safe, clean, sanitary environment. Additional in-services were conducted with maintenance staff on 9/30/10 by the Maintenance Foreman regarding maintaining a safe, functional and sanitary environment. This in-service also included a review of the Preventative Maintenance Log Sheet to ensure tile, doors, sinks, electrical outlet covers, plaster, bathtubs, chairs, toilet seats, etc. are periodically</li> </ol>		

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

PRINTED: 10/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  09/23/2010
NAME OF PROVIDER OR SUPPLIER  KNOTT COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 388 PERKINS MADDEN ROAD HINDMAN, KY 41822		
(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 465	<p>Continued From page 5.</p> <p>became stuck on the floor, and was hard to close/open.</p> <p>-Resident rooms 113 and 165 were observed to have cracked/exposed electrical outlet covers where the air conditioner was plugged in.</p> <p>-Resident room 159 was observed to have a sink that was loose from the wall, and loose faucet fixtures.</p> <p>-Resident room 166 had cracked plaster in the corner by the bathroom door.</p> <p>-Resident room 173 had a geri-chair with the plastic covering on the arms noted to be torn and rough.</p> <p>-A hump in the hallway was observed on the IC unit of the facility. The floor tile over the hump was observed to be cracked.</p> <p>-The men's and women's Bath on the Skilled Unit was observed to have a bathtub with worn, faded, dirty nonskid pads in the bathtub.</p> <p>-The men's and women's Bath on the IC Unit of the facility was observed to have a bathtub with worn, faded, dirty nonskid pads in the bathtub.</p> <p>An interview was conducted with the Maintenance Supervisor (MS) and the housekeeping Supervisor (HS) on September 23, 2010, at 10:30 a.m. The MS stated he/she did make maintenance rounds on a regular basis and if staff found any areas needing repair they were required to complete a maintenance request form and send it to the Maintenance Department. The HS stated he/she made random checks of</p>	F 465	<p>checked for proper functioning, are in safe working order and pose no danger to the residents.</p> <p>4. The CQI Committee designee will conduct thorough walking rounds on a weekly basis for one month, then monthly for one quarter, then quarterly thereafter to observe for items in need of repair or replacement or areas in need of cleaning. These rounds will focus on resident care areas as well as common areas and shower rooms. Any irregularities will be corrected immediately and reported to the CQI Committee for further follow up and review.</p> <p>5. Completion: September 30, 2010.</p>		

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

PRINTED: 10/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/23/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>KNOTT COUNTY NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>388 PERKINS MADDEN ROAD HINDMAN, KY 41822</b>		
(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 465	Continued From page 6 resident rooms daily; however, he/she did not check every room.	F 465			