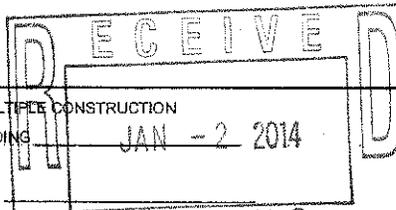


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/17/2013
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 12/03/2013
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE Division of Health Care Southern Enforcement Branch 280 SOUTH MAYO TRAIL PIKEVILLE, KY 41501
---	--

(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 An abbreviated standard survey (KY21021) was conducted on 12/03/13. The complaint was substantiated with deficient practice identified at "D" level.	F 000	Disclaimer: Signature Healthcare of Pikeville does not believe and does not admit that any deficiencies existed either before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights 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 privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.	
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policies and procedures it was determined the facility failed to ensure services were provided to reasonably accommodate the preferences of nine residents that preferred to smoke, from a census of eighty-nine. Interviews were conducted with seven of the nine residents that preferred to smoke. Six of the interviewed residents (Residents #1, #2, #3, A, B, and C) revealed they were displeased with the temperature of the smoking area, and stated there was no source of light in the smoking structure and they were unable to see when smoking after dark. The findings include: Review of the facility's policy entitled "Resident Rights Policy/Code of Federal Regulations/Resident Rights Handbook" dated	F 246	F 246 REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES The facility will accommodate resident's needs/preferences. An adequate light source	12/28/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Adam

12/30/13

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.

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

PRINTED: 12/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/03/2013
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501		
(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 246	<p>Continued From page 1</p> <p>June 2007, revealed a resident has a right to receive services in the facility with reasonable accommodations of individual needs and preferences. Review of the facility's Smoking Policy, revised October 2005, revealed the policy had been developed to promote safety for residents. According to the policy, all residents who desired to smoke would have a smoking assessment completed within 24 hours of their expressed desire to smoke. The policy revealed designated staff would supervise smoke times for residents. Review of the facility's procedure for "Smoking Times" revealed the designated times for residents to smoke began at 8:30 AM and ended at 7:30 PM with facility established intervals for smoking between those hours.</p> <p>Observation on 12/03/13 at 11:50 AM revealed the area designated for residents to smoke was located outside approximately 40 feet from the facility. A metal pre-fabricated "carport" structure had been erected with two sides completely enclosed with sheet metal. However, the rear of the structure was observed to have sheet metal approximately three-fourths of the way from the ground up, with approximately one-fourth of the top portion exposed to the outside with no barrier to prevent the elements (wind/rain/snow/heat) from entering the structure. In addition, the entrance to the structure was completely open and had no covering to prevent the elements (wind/rain/snow/heat) from entering the structure. The structure had no electricity and did not have a source of heat or light. At the time of the visit on 12/03/13 at 11:50 AM, the ambient (inside) temperature of the structure was observed to be the same as the outside air temperature and was 52 degrees Fahrenheit.</p>	F 246	<p>was added to the smoke building on 12/24/13. Effective 12/27/13 a designated area inside the facility for smoking during inclement of weather will accommodate resident's needs/preferences to include proper adequate lighting and proper temperature. The charge nurse on north wing will make the determination as to whether the residents will smoke outside or inside the facility.</p> <p>Residents affected: The facility will accommodate resident's needs/preferences. Residents were assessed on 12/26/13 for accommodation of needs and found the facility to be in compliance with state and federal regulations. Effective 12/27/13 a designated area inside the facility for smoking during inclement of weather will accommodate resident's needs/preferences to include proper adequate lighting and proper temperature. The charge nurse on north wing will make the determination as to whether the residents will smoke outside or inside the facility. Residents that smoke will have a designed area for smoking inside the facility during inclement of weather effective 12/27/13. This area will include proper temperature and adequate lighting.</p> <p>Residents potentially affected: Residents that smoke and residents that are admitted to the facility have the potential to be affected by this cited practice. The facility will accommodate resident's needs/preferences. All residents were assessed on 12/26/13 for accommodation of</p>		

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

PRINTED: 12/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/03/2013
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501		
(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 246	<p>Continued From page 2</p> <p>On 12/03/13, at 1:43 PM observation revealed seven residents smoking in the structure with three staff members present to provide supervision. The temperature inside the structure was 56 degrees Fahrenheit and the outside air temperature was 54 degrees Fahrenheit.</p> <p>Interview on 12/03/13 at 12:43 PM with Resident #1 revealed he/she did not go out in the morning to smoke because it was too cold in the smoking area. Resident #1 stated he/she did not know if he/she would be able to continue smoking when the temperature was cold inside the smoke area.</p> <p>Interview on 12/03/13 at 12:48 PM with Resident #2 revealed, "They put up sides on two of the walls but it is still cold." Resident #2 also stated, "There is no light out there, it needs a light, you can't see anything after dark, it is dangerous." The resident stated, "They knowed it all summer that we needed it fixed before winter." Resident #2 stated the temperature outside had been cold at times.</p> <p>Interview on 12/03/13 at 1:09 PM with Resident #3 revealed the smoking area was cold and dark at times. The resident stated, "It is going to need heat. It has been cold already a couple of times, but it is going to get real cold." Resident #3 also stated the structure "needs light too, it is dark out there at night."</p> <p>An interview attempted with Resident A on 12/03/13 at 1:06 PM revealed the resident was difficult to understand and utilized gestures to communicate. Licensed Practical Nurse (LPN) #1 assisted the surveyor in communicating with Resident A. Resident A indicated there was no light in the smoking structure, and the smoking</p>	F 246	<p>needs and found the facility to be in compliance with state and federal regulations An adequate light source was added to the smoke building on 12/24/13. Effective 12/27/13 a designated area inside the facility for smoking during inclement of weather will accommodate resident's needs/preferences to include proper adequate lighting and proper temperature. Residents that smoke will have a designed area for smoking inside the facility during inclement of weather effective 12/27/13.</p> <p>Systemic measures: An adequate light source was added to the smoke building on 12/24/13. A designated area has been identified inside the facility for smoking during inclement of weather that will accommodate resident's needs/preferences to include proper temperature and adequate lighting. Residents that smoke will have a designed area for smoking inside the facility during inclement of weather effective 12/27/13. The charge nurse on north wing will make the determination as to whether the residents will smoke outside or inside the facility. A new resident smoking procedure has been developed by the ADM to include the new designed smoking area inside the facility. Staff education was provided by the ADM, SSD and SDC on the new smoking policy to include the new designated smoking area inside the facility on 12/24/13. Staff education will be provided on the grievance policy and accommodation of needs/preferences by the SDC on 12/24/13.</p>		

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

PRINTED: 12/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/03/2013
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501		
(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 246	<p>Continued From page 3 structure was cold.</p> <p>Interview on 12/03/13 at 12:51 PM with Resident B revealed the smoking area "needed improvement," stating, "It needs a light."</p> <p>Interview about the smoking area with Resident C conducted on 12/03/13 at 12:55 PM revealed, "It's cold, and it needs a little light." Resident C's family member was also present during the interview and stated the resident had previously voiced that it was cold when he/she went to the smoke area to smoke.</p> <p>Interview on 12/03/13 at 3:02 PM with Certified Nursing Assistant (CNA) #1 revealed there was no heat in the smoking area, and the area was "very cold" at times. The CNA stated, "They [residents] wear jackets and "we give them [residents] blankets." CNA #1 stated all the residents who smoke have complained about being cold in the smoking area. CNA #1 stated, "I feel sorry for them."</p> <p>Interview on 12/03/13 at 3:09 PM with CNA #4 revealed the smoking area had no heat and the residents who prefer to smoke have complained about the temperature. The CNA stated, "We bundle them up," but "it is going to get colder." The CNA stated it was also dark in the smoking area at night.</p> <p>Interview on 12/03/13 at 3:17 PM with the Administrator revealed the carport structure was delivered and set up in April 2013. The Administrator knew it would be cold in the winter, but putting something over their heads was the concern at that time. Further interview with the Administrator and review of an e-mail</p>	F 246	<p>A resident council meeting was conducted by the ADM and SSD on 12/26/13 to ensure accommodations of need/preferences are being met and to inform residents of new smoking policy and procedure to include the new designated smoking area inside the facility. The ADM, QOLC and SSD will have a follow up resident council meeting will be conducted on 12/30/13 to ensure resident's accommodations of needs/preferences are being met.</p> <p>Monitoring measures: A follow up resident council meeting will be conducted on 12/30/13 to ensure resident's accommodations of needs/preferences are being met. The QOLD will conduct two resident council meeting per month for the next three months to ensure accommodation of needs/preferences are being met. The ADM, QOLD and SSD will interview 10% of the resident population weekly for 4 weeks and then 5% of the resident population for 4 weeks to ensure accommodation of needs/preferences are being met by the facility beginning 12/30/13 Findings from resident council meetings and interviews by the ADM, QOLC and SSD will be reviewed at the monthly QA meeting for three months to ensure compliance with state, federal and company policy, rules and regulations.</p>		

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

PRINTED: 12/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/03/2013
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501		
(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 246	Continued From page 4 correspondence revealed the Ombudsman notified the Administrator on 11/12/13 that a "group" of residents had complained to her about the smoking area being cold and having no heat. The Administrator stated although residents were cold, the structure could not be heated due to "code violations." The Administrator acknowledged the smoking structure had no source of light inside the structure, and stated there was a utility night light on an electric pole in the vicinity of the smoking area that "should" provide "enough" light after dark. Review of the temperatures recorded from "AccuWeather" revealed a low temperature of 29 degrees Fahrenheit during the month of October 2013, and a low temperature of 17 degrees Fahrenheit during the month of November 2013.	F 246			