

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

PRINTED: 10/26/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	NOV 2012	(X3) DATE SURVEY COMPLETED  C 10/12/2012
NAME OF PROVIDER OR SUPPLIER  PADUCAH CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH THIRD STREET PADUCAH, KY 42001		
(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	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Paducah Care and Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY  The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to provide care in a manner that maintained or enhanced the resident's dignity and respect for two residents (#1 and # 5), in the selected sample of five residents. Observation during the abbreviated survey revealed Resident #1 was unkempt in appearance and was not showered from 10/01-11/12. Additionally, Resident #5 was not showered at any time between 10/01-08/12.  Findings include:  1. A record review revealed the facility admitted Resident #1 on 04/04/08 with diagnoses to include Dementia, Anxiety, Benign Neoplasm of Colon, Stricture and Stenosis of Esophagus, Hypertension, Depression, and History of Fall.  A review of the Minimum Data Set (MDS), dated	F 241	<u>F241</u> Completion Date 11/09/12  Resident #1 was given a shower and hair washed with no tangles noted on October 12, 2012 by a nurse aide. Resident #5 was given a shower and hair washed with no tangles noted on October 13, 2012 by a nurse aide.  All residents were identified and observed by the Director of Nursing for the need to be showered and hair washed on October 18, 2012. Those identified as needing showers and hair washed were immediately provided care. The Director of Nursing and Assistant Director of Nursing reviewed the current residents to the bathing schedule on November 5, 2012 to validate each were included.  The licensed staff and certified nursing aides were re-educated on October 16, 2012, pertaining to the bathing schedule and hair care. The Certified nursing assistants and licensed staff will be re-educated on the process of completing showers and whirlpool		

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

TITLE

(X6) DATE

 Catherine Ortega

Administrator

11/5/12

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 241	<p>Continued From page 1</p> <p>08/07/12, revealed the facility identified Resident #1 to be severely cognitively impaired and totally dependent upon the staff for transfers, eating, hygiene, and bathing. The resident was assessed to be incontinent of bowel and bladder.</p> <p>A review of the "MDS Kardex Report/Certified Nurse Aide (CNA) Care Record," dated October 2012, revealed Resident #1 was totally dependent on one staff for transfers, eating, hygiene, and bathing. Further review revealed the a bath schedule notation which stated "bed bath on non-shower days."</p> <p>A review of Resident #1's bath schedule, undated, revealed he/she was to receive a shower or whirlpool on Mondays and Thursdays during the 11:00 PM to 7:00 AM shift. Further review revealed the shower schedule indicated the resident's preference, and determined whether a shower or whirlpool was given on the appointed days each week.</p> <p>A review of the Resident Functional Performance Record for Resident #1, dated October 2012, revealed no evidence that showers or whirlpool baths were provided between 10/01/12 and 10/10/12.</p> <p>An observation of Resident #1, on 10/11/12 at 4:00 PM, revealed the resident received a brief change, dressed, and was transferred to the wheelchair by CNA #1. The resident's hair was matted and uncombed after being transferred from the bed to the wheelchair. CNA #1 assisted Resident #1 to the nurse's desk and parked the wheelchair. An observation of Resident #1, at 4:15 PM, revealed he/she remained at the</p>	F 241	<p>baths per schedule twice a week and making sure hair is washed and brushed and to give additional showers as needed with a partial bath the other days on November 8, 2012 by Director of Nursing and Assistant Director of Nursing.</p> <p>The Director of Nursing and/or the Assistant Director of Nursing will audit 8 residents weekly for three months for care provided in a manner that enhances resident's dignity to include bathing/hair care and appearance. Identified problems will be corrected immediately. The Director of Nursing and/or Assistant Director of Nursing will report results to the Performance Improvement committee monthly for three months attended by the Medical Director, Administrator, Director of Nursing and Interdisciplinary Team Members for further recommendations.</p>		

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F 241	<p>Continued From page 2</p> <p>nurse's desk with his/her hair matted and uncombed.</p> <p>2. A record review revealed the facility admitted Resident #5 on 10/02/06 with diagnoses to include Alzheimer's, Anemia, Chronic Airway Obstruction, Diabetes Type II, Hypertension, and Congestive Heart Failure.</p> <p>A review of the quarterly MDS, dated 07/30/12, revealed the facility identified Resident #5 to be moderately cognitively impaired and required extensive assistance of one staff for transfers, dressing, toilet use, and personal hygiene. Further review revealed Resident #5 required physical assistance of one staff with bathing. The resident was assessed to be incontinent of bowel and bladder.</p> <p>A review of the "MDS Kardex Report/CNA Care Record," dated October 2012, revealed Resident #5 required extensive assistance of one staff for transfers and was totally dependent on the assistance of one staff for dressing, toilet use, personal hygiene, and bathing. Further review revealed the bath schedule notation of "bed bath on non-shower days."</p> <p>A review of Resident #5's bath schedule, undated, revealed he/she was to receive a shower or whirlpool on Wednesday and Saturday on the 3:00 PM to 11:00 PM shift. Further review revealed the shower schedule indicated the resident's preference, and determined whether a shower or whirlpool was given on the appointed days each week.</p> <p>A review of the Resident Functional Performance</p>	F 241			

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F 241	<p>Continued From page 3</p> <p>Records for Resident #5, dated October 2012, revealed no showers or whirlpool baths were provided between 10/01/12 and 10/08/12.</p> <p>Interview with CNA #5, on 10/12/12 at 5:25 AM, revealed residents received a shower in the morning if there was enough staff. CNA #5 stated a bed bath included washing the face, underarms, and provision of perineal care. She stated that was sufficient until the dayshift was able to assist the resident. CNA #5 stated there were four or five residents who received showers on the 11:00 PM to 7:00 AM shift.</p> <p>Interview with CNA #3, on 10/12/12 at 8:05 AM, revealed she had not provided a bath or shower for Resident #1 or Resident #5 recently related to the monthly assignment rotation. CNA #3 stated each resident's hair was washed when he/she was given a shower. CNA #3 stated each resident was to have a whirlpool or shower one time each week, and she had not provided a whirlpool bath to Resident #1.</p> <p>Interview with Licensed Practical Nurse (LPN) #2, on 10/12/12 at 10:45 AM, revealed she always worked the weekend on dayshift and the residents received his/her bed bath. LPN #2 stated they do not usually provide showers on Sundays unless there was not enough time on Saturday, or if an odor was noted the staff were asked to provide a shower for that resident. LPN #2 revealed the staff provided one shower and one whirlpool bath for each resident each week. LPN #2 stated any resident who was uncomfortable with the whirlpool bath was provided a shower or vice versa.</p>	F 241			

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F 241	Continued From page 4 Interview with the Director of Nursing (DON), on 10/12/12 at 1:45 PM, revealed she directed the staff to assist Resident #1 with a shower this morning. The DON stated she occasionally did that if she noticed a resident was in need of grooming or a shower.	F 241	<u>F257</u> Completion Date 11/09/12 Resident #5's thermostat was immediately set at a safe and comfortable temperature (71-81 degrees Fahrenheit range) by the Maintenance Director on October 12, 2012. On October 15, 2012, resident #5's knob was removed so the resident could not adjust temperature levels out of 71-81 degrees Fahrenheit (F) range. The Maintenance Director installed a remote temperature sensor control to better regulate the temperature in this room on 11/2/12.  Maintenance Director completed a facility inspection of resident rooms of comfortable and safe temperature levels on October 12, 2012. No other rooms were identified. Alert residents will determine their level of comfort and adjust thermostat accordingly.  Staff was educated concerning safe and comfortable temperature ranges by the Administrator and Director of Nursing on October 30, 2012.  The Maintenance Director will monitor two rooms per unit weekly for three months and address immediately as needed. The Maintenance Director will immediately check temperature ranges when staff reports a residents room is either too cool or too warm and adjust as needed. All findings will be brought to the Improvement committee monthly for three months which is attended by the Medical Director, Administrator, Director of Nursing and Interdisciplinary Team Members for further recommendations.	
F 257 SS=D	483.15(h)(6) COMFORTABLE & SAFE TEMPERATURE LEVELS  The facility must provide comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 - 81° F  This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to provide comfortable and safe temperature levels of 71-81 degrees Fahrenheit (F) for one resident (#5), in the selected sample of five residents.  Findings include:  On 10/11/12 at 4:20 PM, observation during a tour of the facility revealed the temperature of a resident's room was excessively hot. The temperature obtained at 4:20 PM by the Maintenance Director revealed a reading of 87.8 degrees F near the window area of the room. The temperature by the door of the room was 86.8 degrees F.  An interview with the Maintenance Director, on 10/11/12 at 4:20 PM, revealed he did not monitor room temperatures and there was no facility policy/procedure which addressed monitoring the	F 267		

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F 257	Continued From page 5 temperature of resident rooms.  An interview with the Director of Nursing (DON), on 10/12/12, revealed Resident #5, who was cognitively impaired, frequently adjusted the temperature control on the climate control unit. She stated the facility should ensure the room temperatures were maintained and comfortable for the residents.	F 257			