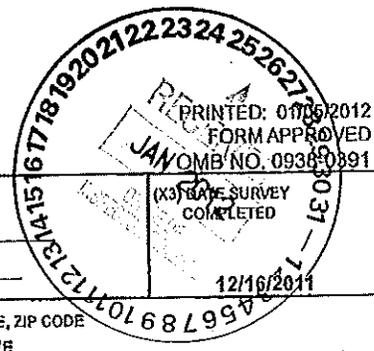


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) STATE SURVEY COMPLETED 12/16/2011
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1263 LAKE BARKLEY DRIVE KUTTAWA, KY 42055
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(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
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F 000	INITIAL COMMENTS An annual survey and abbreviated survey (KY #18676, KY #16682 and KY #17215) was conducted on 12/14/11 through 12/16/11, and a Life Safety Code survey was conducted on 12/15/11 to determine the facility's compliance with Federal requirements. The facility failed to meet minimum requirements for recertification with the highest S/S of an "F". KY #16682 was substantiated with deficiencies cited. KY #18676 and KY #17215 were unsubstantiated with no deficiencies cited.	F 000	<u>Disclaimer for Plan of Correction</u> Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by Christian Care Center of Kuttawa of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. Christian Care Center of Kuttawa files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicare/Medicaid program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction should not be taken as establishing any standard of care, and the facility submits that the actions taken by or in response to the survey findings far exceed the standard of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings.	
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in	F 157		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cindy Milton TITLE: Adm (X5) DATE: 1.20.12

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2011
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1263 LAKE BARKLEY DRIVE KUTTAWA, KY 42055	
(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 157	<p>Continued From page 1</p> <p>resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to inform the physician of a need to alter treatment significantly for one resident (#2), in the selected sample of fourteen. Resident #2 had a physician's order for a wound vac due to two stage four pressure ulcers. The wound vac was not functioning on 12/13/11, and another treatment was initiated. The physician was not notified until 12/15/11.</p> <p>Findings include:</p> <p>A review of the facility's policy/procedure "Notification of Physician," revised 09/08, revealed the nurse would notify the resident's attending physician when there was a need to alter the resident's treatment significantly.</p> <p>A record review revealed Resident #2 was re-admitted to the facility on 10/14/11 with diagnoses to include Paraplegia, Paralytic Syndrome, Osteomyelitis and Diabetes. A review of the annual Minimum Data Set (MDS), dated 10/28/11, revealed the facility identified the resident to be cognitively intact and required extensive assistance with bed mobility and</p>	F 157	<p>F 157</p> <p>Christian Care Center of Kuttawa believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Residents</u></p> <p>On 12/15/11, the attending physician for Resident #2 was notified of a need to alter the treatment. Orders were received for a new wound care treatment. The care plan was updated to reflect these changes.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>Current residents with wound care treatment orders have the potential to be affected. Charts were reviewed on 1/6/12 by the Assistant Director of Nursing. No other residents were affected.</p> <p><u>Systematic Changes</u></p> <p>Licensed staff will be educated by the Director of Nursing on 1/13/12 regarding notification of physician with</p>	

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1263 LAKE BARKLEY DRIVE KUTTAWA, KY 42066	
(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 157	<p>Continued From page 2 transfers.</p> <p>A review of the physician's admission orders, dated 10/14/11, revealed "to apply the wound vac at 120 cubic centimeters (cm) continuous suction to the right and left gluteal fold wounds." The physician's order specified to change the wound vac every Sunday, Tuesday, and Thursday.</p> <p>A review of the "Wound Evaluation Flow Sheet," dated 12/13/11, revealed a wet to moist dressing was used for the right and left gluteal wounds, instead of the wound vac. There was no evidence of physician's order, on 12/13/11, to change the treatment from the wound vac to the wet to moist dressing.</p> <p>An observation, on 12/14/11 at 2:30 PM, revealed the resident's wound vac was not functioning. An interview with Resident #2 revealed the wound vac had not worked "in over a week." The resident refused a skin assessment on 12/16/11.</p> <p>An interview with Registered Nurse (RN) #2, on 12/15/11 at 10:50 AM, and on 12/16/11 at 1:20 PM, revealed he completed the wet to moist treatment for Resident #2, on 12/13/11. He revealed it was reported to him the wound vac was not functioning, and he stated that he thought the physician was already notified. RN #2 stated that he completed a wet to moist dressing because it would be better than no treatment; however, he revealed the physician was not notified.</p> <p>An interview with Licensed Practical Nurse (LPN) #2, on 12/16/11 at 2:00 PM and at 3:00 PM, revealed he reported to LPN #4, on 12/14/11, that</p>	F 157	<p>any resident change of status. The Assistant Director of Nursing will monitor new treatment orders and 24-hour report sheets daily to ensure charge nurses are notifying the MD with changes in a resident's condition in a timely manner.</p> <p><u>Monitoring</u></p> <p>The Assistant Director of Nursing will conduct a monthly audit of wound care treatment orders and MD notification. The audit will ensure that wound care treatment orders match the current wound care treatment that the resident is receiving and that the physician has been notified of current treatment orders. The Assistant Director of Nursing will report these findings to the Performance Improvement Committee for three months for review and recommendations. The Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist.</p>	1/29/12

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1263 LAKE BARKLEY DRIVE KUTTAWA, KY 42056		
(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 157	Continued From page 3 the wound vac was not functioning. He stated that he thought the physician was notified of the wet to moist dressing, as it was intact on 12/14/11. As soon as he was aware the order was not received, on 12/15/11, the physician was notified. He revealed the physician should be made aware of any treatment change. An interview with the Acting Director of Nursing (DON), on 12/16/11 at 4:08 PM, revealed she expected the staff to notify the physician if the current treatment could not be provided. She revealed the physician should be notified of any treatment change. An interview with Medical Doctor (MD) #1, on 12/16/11 at 12:40 PM, revealed he was not notified of the non-functioning wound vac on 12/13/11. He revealed he expected the staff to notify him of any treatment change.	F 157			
F 201 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to ensure services provided met professional standards of quality for one resident (#2). In the selected sample of fourteen, related to not following physician's orders. Findings include:	F 201	F 281 Christian Care Center of Kuttawa believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:		

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1253 LAKE BARKLEY DRIVE KUTTAWA, KY 42056	
(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 281	<p>Continued From page 4</p> <p>A review of the facility's policy/procedure, "Physician's Orders," dated 12/08, revealed "all treatments administered to a resident must be ordered by the attending physician. Therapy or any treatment could not be administered to a resident without written approval from the attending physician."</p> <p>A record review revealed Resident #2 was re-admitted to the facility on 10/14/11 with diagnoses to include Paraplegia, Paralytic Syndromes, Osteomyelitis and Diabetes. A review of the Annual Minimum Data Set (MDS), dated 10/28/11, revealed the facility identified the resident to be cognitively intact and required extensive assistance with bed mobility and transfers.</p> <p>A review of the physician's admission orders, dated 10/14/11, revealed "to apply the wound vac at 120 cubic centimeters (cm) continuous suction to the right and left gluteal fold wounds." The physician's order specified to change the wound vac every Sunday, Tuesday, and Thursday.</p> <p>A review of the "Wound Evaluation Flow Sheet," dated 12/13/11, revealed a wet to moist dressing was used for the right and left gluteal wounds, instead of the wound vac. There was no evidence of a physician's order, on 12/13/11, to change the treatment from the wound vac to the wet to moist dressing.</p> <p>An observation, on 12/14/11 at 2:30 PM, revealed the resident's wound vac was not functioning. An interview with Resident #2 revealed the wound vac had not worked "in over a week."</p>	F 281	<p><u>Corrective Actions for Targeted Residents</u></p> <p>On 12/15/11, the attending physician for Resident #2 was notified of a need to alter the treatment. Orders were received for a new wound care treatment. The care plan was updated to reflect these changes.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>Current residents with wound care treatment orders have the potential to be affected. Charts were reviewed on 1/6/12 by the Assistant Director of Nursing. No other residents were affected.</p> <p><u>Systematic Changes</u></p> <p>Licensed staff will be educated by the Director of Nursing on 1/13/12 regarding notification of physician with any resident change of status. The Assistant Director of Nursing will monitor new treatment orders and 24-hour report sheets daily to ensure charge nurses are notifying the MD with changes in a resident's condition in a timely manner.</p>	

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1253 LAKE BARKLEY DRIVE KUTTAWA, KY 42055		
(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 281	Continued From page 5 An interview with Registered Nurse (RN) #2, on 12/15/11 at 10:50 AM, and on 12/16/11 at 1:20 PM, revealed he completed the wet to moist treatment for Resident #2, on 12/13/11. He revealed it was reported to him the wound vac was not functioning. He revealed he completed a wet to moist dressing because it would be better than no treatment; however, he did not notify the physician of the treatment change. An interview with Licensed Practical Nurse (LPN) #2, on 12/16/11 at 2:00 PM and at 3:00 PM, revealed he thought the physician was notified of the wet to moist dressing, as it was intact on 12/14/11. As soon as he was aware the order was not received, on 12/15/11, the physician was notified. He revealed the physician should be made aware of any treatment changes. An interview with the Acting Director of Nursing (DON), on 12/16/11 at 4:00 PM, revealed she expected the staff to notify the physician if the current treatment could not be provided, so new orders could be obtained. An interview with Medical Doctor (MD) #1, on 12/16/11 at 12:40 PM, revealed he expected the staff to notify him of any treatment changes.	F 281	<u>Monitoring</u> The Assistant Director of Nursing will conduct a monthly audit of wound care treatment orders and MD notification. The audit will ensure that wound care treatment orders match the current wound care treatment that the resident is receiving and that the physician has been notified of current treatment orders. The Assistant Director of Nursing will report these findings to the Performance Improvement Committee for three months for review and recommendations. The Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist.		
F 316 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident	F 315	F 315 Christian Care Center of Kuttawa believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility	1/29/12	

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1263 LAKE BARKLEY DRIVE KUTTAWA, KY 42055	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 316	<p>Continued From page 6</p> <p>who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy/procedures, it was determined the facility failed to provide appropriate treatment and services related to incontinent care for one resident (#7), in the selected sample of fourteen.</p> <p>Findings include:</p> <p>A review of the facility's policy/procedure, "Perineal Care," dated November 1988 and updated in June of 2002 and September of 2008, revealed the staff members were to position the resident to bend their knees slightly and to spread the legs, if possible. The staff member was to separate the labia with one hand and wash with the other hand, using gentle downward strokes, from the front to the back of the perineum. If rinsing was necessary, the staff member was to use a clean wash cloth and rinse thoroughly from front to back and pat the area dry. The resident was to be placed on their side in a Sims Position, if possible, to expose the anal area and clean, rinse and dry the anal area, starting at the posterior vaginal opening and wiping front to back.</p> <p>A review of the facility's policy/procedure "Catheter Care," effective January 1999, revealed the staff members were to clean the catheter</p>	F 316	<p>Is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Residents</u></p> <p>Resident #7 is currently receiving catheter care per facility policy. Care plan has been revised to reflect these changes:</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>Current residents in the facility that require catheter care have the potential to be affected.</p> <p><u>Systematic Changes</u></p> <p>Current Certified Nursing Assistants will be in-serviced on catheter care by the Assistant Director of Nursing, to be completed on 1/13/12. A competency on catheter care will be performed upon hire and annually thereafter.</p> <p><u>Monitoring</u></p> <p>The Director of Nursing will review 10% of Certified Nursing Assistants performing catheter care monthly times three to ensure proper catheter care is being performed. The Director of Nursing will report these findings to the Performance Improvement Committee</p>	

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1263 LAKE BARKLEY DRIVE KUTTAWA, KY 42055	
(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 316	<p>Continued From page 7</p> <p>beginning at the meatus, then downward toward the drainage connection, at least once daily with soap and water and more often if soiled.</p> <p>A record review revealed Resident #7 was admitted to the facility on 11/24/11 with diagnoses to include Fracture of the Right Femur Neck in the leg and the Right Radius and Ulnar Bones in the arm, and Chronic Kidney Disease. A review of the admission assessment, dated 11/24/11, revealed the facility identified Resident #7 to be incontinent of bowel and had an indwelling urinary catheter, which was to be removed "when the resident was medically stable."</p> <p>A review of the care plan for incontinence, dated 12/01/11, revealed the resident required the extensive assistance of two staff members for incontinent care, and interventions included to check and change the briefs during rounds and as needed. A review of the Certified Nurse Aide (CNA) care plan revealed the resident was to be provided perineal cleansing with the assistance of two staff members.</p> <p>An observation, during the provision of incontinent care for Resident #7, on 12/15/11 at 3:15 PM, revealed the resident was incontinent of loose stool. CNA #6 attempted to remove the loose stool, in the vaginal area, utilizing the same area of the washcloth, using a back and forth wiping motion. CNA #6 stated the way the resident was lying made it hard to adequately clean the perineal region. The CNA proceeded to wipe up and down the resident's catheter tubing without changing the washcloth. Afterwards, the CNA went to get assistance from another CNA to reposition the resident. The rectal area was</p>	F 316	<p>for review and recommendations. The Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist.</p>	1/29/12

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1283 LAKE BARKLEY DRIVE KUTTAWA, KY 42055	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROMOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315	Continued From page 8 noted with loose stool and was cleaned with a back and forth motion, using the same washcloth, which contaminated the clean area. An interview with CNA #6, at the time of the observation, revealed he was trained to provide incontinent care and to fold the washcloth and to avoid using a contaminated surface, but "was just nervous." An interview with Licensed Practical Nurse (LPN) #6, on 12/15/11 at 2:46 PM, revealed the CNAs were trained in the proper technique, which was "to wash down from the meatus, down from the tube and to be sure they don't contaminate the area," and she stated "I always expect them to clean front to back." An interview with the Director of Nursing (DON), on 12/16/11 at 3:50 PM, revealed if stool was found in the vaginal area, the staff members were expected to clean from front to back. The staff members were trained about proper incontinent care upon hire, with monthly training and yearly evaluations and competency training.	F 315		
F 323 SS=D	483.26(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 323	F 323 Christian Care Center of Kuttawa believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:	

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1263 LAKE BARKLEY DRIVE KUTTAWA, KY 42056	
(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 323	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to ensure each resident received adequate assistance devices to prevent accidents for two residents (#2 and #4), in the selected sample of fourteen. Resident #2 sustained a fall from a lateral rotation air mattress, and was placed back on the same air mattress without a nursing assessment. Resident #4 was observed in his/her bed without fall interventions in place.</p> <p>Findings include:</p> <p>A review of the "Fall Prevention Program", revised 07/09, revealed the objective of the program included the systematic assessment of fall risk factors. The protocol for all residents included an assessment of assistive devices for proper fit and use. Potential interventions for fall prevention included bed alarms and mats placed on the floor at bedside.</p> <p>1. A record review revealed Resident #2 was admitted to the facility on 12/23/10, with a readmission date on 10/14/11. Diagnoses included Paraplegia, Paralytic Syndrome and Osteomyelitis. A review of the annual Minimum Data Set (MDS), dated 10/28/11, revealed the facility identified the resident to be cognitively intact and required extensive assistance with bed mobility and transfers.</p> <p>A review of the "Resident Care Kardex," undated, revealed an air flow mattress was added to the resident's bed on 02/26/11.</p>	F 323	<p><u>Corrective Actions for Targeted Residents</u></p> <p>Resident #2 was assessed by the Director of Nursing for the safe use of an air mattress per facility policy on 12/15/11. Resident #4 currently has the bed alarm and fall mat in place and functional.</p> <p><u>Identification of Other Residents with the Potential to be Affected</u></p> <p>Current residents requiring use of air mattresses and assistive devices have the potential to be affected. Residents requiring use of air mattresses were assessed by the Director of Nursing/Assistant Director of Nursing on 12/15/11.</p> <p><u>Systematic Changes</u></p> <p>The facility implemented an Air Mattress Assessment and Policy. Upon recommendation of use of an air mattress, an assessment will be completed by a Licensed Nurse prior to placement. Residents placed on air mattresses will then be assessed quarterly and with any significant change in the resident's condition to ensure safe use. Licensed Nurses were educated on the new Air Mattress Assessment and Policy on 1/13/12.</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/16/2011
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1263 LAKE BARKLEY DRIVE KUTTAWA, KY 42055		
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F 323	<p>Continued From page 10</p> <p>A review of the interdisciplinary progress notes, dated 04/04/11 at 11:00 PM, revealed the resident sustained a fall from the bed while repositioning himself/herself. Further review revealed the resident was placed back in the bed after the fall. There was no documented evidence of an assessment for the safe use of the air mattress prior to, or after the resident's fall.</p> <p>An interview with Licensed Practical Nurse (LPN) #2, on 12/16/11 at 2:00 PM, revealed he was the nurse on duty on 04/04/11. He revealed Resident #2 sustained a fall from the air mattress after attempting to reposition himself/herself in the bed; however the fall was unwitnessed. He revealed there was no documented assessment completed after the resident's fall. No further explanation was provided.</p> <p>An observation of the air mattress, on 12/14/11 at 9:45 AM, revealed it was a "Pressure Guard" air mattress, with the setting on low pressure. Resident #2 was observed to be lying on the air mattress on 12/14/11 at 2:30 PM, and on 12/15/11 at 9:45 AM and 10:35 AM.</p> <p>An interview with the Acting Director of Nursing (DON), on 12/16/11 at 2:30 PM, revealed she was unable to provide documentation of an assessment for the safe use of the air mattress for Resident #2.</p> <p>2. A record review revealed Resident #4 was admitted to the facility on 12/12/07 with diagnoses to include Hypertension, Anxiety and Peripheral Neuropathy.</p>	F 323	<p><u>Monitoring</u></p> <p>The Director of Nursing will monitor the assessments of residents on air mattresses monthly times three months. The Director of Nursing will monitor 10% of assistive devices for proper placement and functioning monthly times three. The Director of Nursing will report these findings to the Performance Improvement Committee for review and recommendations. This committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist.</p>	1/29/12	

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F 323	<p>Continued From page 11</p> <p>A review of the "Resident Care Kardex," undated, revealed a pressure alarm was added to the resident's bed on 12/03/10, due to the resident being identified as a falls risk. A review of the physician's orders, dated 03/07/11, revealed "a floor mat to the resident's bedside for safety."</p> <p>A review of the quarterly MDS, dated 11/03/11, revealed the facility identified the resident to be moderately cognitively impaired and required limited assistance with transfers. A review of the "Fall Risk Evaluation," dated 11/03/11, revealed the resident was at risk for falls.</p> <p>Observations, on 12/14/11 at 9:46 AM, 2:40 PM, 3:20 PM and 3:50 PM, revealed Resident #4 was in bed with the sensor alarm disconnected to the bed. The fall mat to the right side of the resident's bed was pushed completely under the bed.</p> <p>An interview with Certified Nurse Aide (CNA) #4 and CNA #5, on 12/15/11 at 10:05 AM and 10:15 AM, respectively, revealed they were responsible for the resident's care on 12/14/11 from 6:00 AM to 2:00 PM. They revealed it was their responsibility to ensure the resident's bed alarm and fall mat were in place during their shift.</p> <p>An interview with CNA #1, on 12/14/11 at 5:30 PM, revealed she was responsible for Resident #4's care during the hours of 2:00 PM to 10:00 PM. She revealed the resident's alarm and fall mat placement should be checked every time she went into the resident's room. She stated "I just did not pay attention."</p> <p>An interview with CNA #2, on 12/14/11 at 5:40 PM, revealed she was also responsible for the</p>	F 323			

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1263 LAKE BARKLEY DRIVE KUTTAWA, KY 42055		
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F 323	Continued From page 12 resident's care during the hours of 2:00 PM to 10:00 PM. She revealed she should have ensured the resident's alarm and floor mat was in place at the beginning of the shift. An interview with Registered Nurse (RN) #2, on 12/14/11 at 5:30 PM, revealed the resident's sensor bed alarm was disconnected and the fall mat was pushed under the bed. She revealed it was the CNAs responsibility to ensure the alarms and mats were in place at shift change. An interview with the Acting DON, on 12/16/11 at 4:00 PM, revealed the CNAs were responsible to ensure alarms and mats were in place and functioning for each resident.	F 323			
F 364 SS=D	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy/procedure, it was determined the facility failed to ensure residents received food prepared in a manner which retained food quality, taste and appearance. Observations revealed pureed meals were not served in divided plates and had a runny consistency. A review of the Census and Condition Report, dated 12/14/11, revealed the facility census was 62, with four (4) of those	F 364	F 364 Christian Care Center of Kuttawa believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: <u>Corrective Actions for Targeted Residents</u> Resident #17 is receiving pureed foods that are the appropriate consistency.		

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F 364	<p>Continued From page 13</p> <p>residents served pureed diets from the kitchen.</p> <p>Findings include:</p> <p>A review of the facility's policy/procedure, "Mechanically Altered Diets and Thickened Liquids" and "Pureed Vegetables" and "Pureed Sausage," undated, revealed "pureed items should be served individually on a plate and not all blended together, unless the diet order is prescribed in that manner. When bread is blended into the meal, a recipe should be followed so proportions are appropriate. The volume of the liquid required may vary slightly, depending on the texture of the (vegetable or meat) product. The amount of the thickener will vary slightly. Start with a half tablespoon and add gradually. The consistency must be a mashed potato consistency."</p> <p>A record review revealed Resident #17 was admitted to the facility on 04/19/10 with a diagnoses of Arteriosclerotic Cardiac Disease and Anemia. A review of the physician's orders, dated 12/09/11, revealed to "downgrade the diet to pureed due to difficulty chewing."</p> <p>An observation of the lunch meal, on 12/14/11 at 12:15 PM, revealed Resident #17 received pureed green beans, mashed potatoes and meat. The portions were not separated. The consistency of the foods were runny and ran into the other foods on the plate. An observation of the supper meal, on 12/14/11 at 6:08 PM, revealed the resident received pureed beef stew and bread sticks, which were a thicker consistency than the noon meal.</p>	F 364	<p><u>Identification of Other Residents with the Potential to be Affected</u></p> <p>Current residents receiving a pureed diet have the potential to be affected.</p> <p><u>Systematic Changes</u></p> <p>Dietary staff will be in-serviced by the Dietary Manager and the Registered Dietician on the appropriate consistency of pureed foods on 1/13/12.</p> <p><u>Monitoring</u></p> <p>The Dietary Manager will monitor the pureed food consistency three times a week times four weeks, then monthly for three months. The Registered Dietician will monitor pureed food consistency two times a month for three months. The Dietary Manager will report these findings to the Performance Improvement Committee for review and recommendations. This committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist.</p>	1/29/12

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F 364	<p>Continued From page 14</p> <p>An interview with the Dietary Manager, on 12/16/11 at 9:00 AM, revealed in order to follow the instructions for a pureed consistency diet, the recipe stated the amount of the food item and the amount of the liquid, but the thickener was estimated as one to two tablespoons. "Most recipes don't say exactly how much thickener." As for the difference in the consistency of the two meals, the Dietary Manager stated there were two different cooks for lunch and supper.</p> <p>An interview with the Registered Dietician, on 12/16/11 at 10:55 AM, revealed the facility recently made a change to a new menu and recipes and currently the staff members were still getting used to the changes.</p>	F 364			