

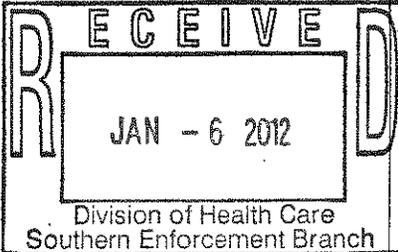
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/28/2011  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185366 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>12/09/2011 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>CORBIN HEALTH & REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>270 BACON CREEK ROAD, P O BOX 1180<br>CORBIN, KY 40702 |
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| F 000         | INITIAL COMMENTS   | F 000 | <p>Please See Attachment</p>  |  |
| F 164<br>SS=D | <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution, or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by:</p> | F 164 |  |  |

|   |                            |                         |
|---|----------------------------|-------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br><i>C. Messer</i> | TITLE<br><br>Administrator | (X6) DATE<br><br>1-6-12 |
|---|----------------------------|-------------------------|

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 164   | <p>Continued From page 1</p> <p>Based on observation, interview, and review of facility policy, the facility failed to ensure residents' health information was maintained in a private and confidential manner. Observation of medication pass on 12/08/11, revealed the Medication Administration Record (MAR) was left open on the medication cart in the hallway and as a result the resident's personal health information on the MAR was exposed to the public and other residents.</p> <p>The findings include:</p> <p>A review of the facility's Resident Rights Statement (no issue date) revealed residents had the right to personal privacy and confidentiality of personal and clinical records.</p> <p>Observation during medication pass on 12/08/11, at 8:50 AM, revealed Licensed Practical Nurse (LPN) #2 entered Resident #13's room to administer medications to the resident. Further observation revealed the MAR located on top of the medication cart in the hallway had been left open and the resident's personal and confidential information was exposed and visible to anyone near the cart.</p> <p>Observation on 12/08/11, at 9:00 AM, revealed LPN #2 continued the medication pass and entered resident room 124 to administer medications to an unsampled resident. The MAR had been left open and the resident's personal and confidential information was exposed. The LPN failed to ensure confidentiality of the resident's health information located in the MAR while she administered medications to residents.</p> | F 164  |   |                      |  |

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| F 164   | Continued From page 2<br>Observation revealed two individuals walked past the medication cart with the MAR open/exposed.   | F 164  |   |  |
| F 241<br>SS=D   | 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and review of the facility's policy, it was determined the facility failed to provide care for each resident that promoted the resident's dignity and respect. Observation of the noon meal on 12/06/11, revealed Certified Nursing Assistant (CNA #1) stood at a resident's bedside (unsampled Resident C) while feeding the resident. Additionally, observation during medication pass on 12/07/11, revealed staff entered a resident's (unsampled Resident B) room without knocking on the door to obtain consent to enter the resident's room.<br><br>The findings include: | F 241  | <b>Please See Attachment</b>  |  |

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| F 241   | <p>Continued From page 3</p> <p>Review of the facility's policy titled Feeding A Person (not dated) failed to direct staff on the proper position staff should maintain during feeding a resident. Review of the facility's policy titled Resident Dignity (not dated) directed staff to knock on a resident's door before entering.</p> <p>1. Observation on 12/06/11, at 12:05 PM, of the noon meal service, revealed Certified Nurse Aide (CNA) #1 delivered a meal tray to unsampled Resident C. Further observation revealed CNA #1 stood at the resident's bedside while she fed the resident the meal. CNA #1 failed to sit at eye level of the resident while feeding the resident.</p> <p>Interview on 12/08/11, at 11:30 AM, with CNA #1 revealed she was not sure what position staff was required to maintain during feeding of a resident. CNA #1 stated staff could sit or stand at the resident's bedside while feeding the resident.</p> <p>Interview with the Administrator on 12/08/11, at 1:00 PM, revealed staff should be seated in a chair beside the resident, and at the eye level of the resident, when assisting the resident with meals.</p> <p>2. Observation of medication pass on 12/06/11, at 9:00 AM, revealed Registered Nurse (RN) #1 prepared 12 medications for unsampled Resident B. RN #1 entered the resident's room to administer the medications without knocking and obtaining the resident's consent to enter the room.</p> <p>Interview on 12/07/11, at 2:15 PM, with RN #1 revealed the RN should have knocked on the</p> | F 241  |   |                      |  |

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| F 241   | Continued From page 4<br>resident's door to obtain consent to enter the resident's room. RN #1 stated she was nervous and just failed to knock on the resident's door.  | F 241  | Please See Attachment   |                      |  |
| F 253<br>SS=E   | 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES<br><br>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview, it was determined the facility failed to provide a sanitary, orderly, and comfortable interior. Observation on 12/08/11, revealed several faucets dripped continuously, drywall was scraped in a resident's bathroom, commode screws were exposed/protruding, towel bars and tissue paper bars were missing, wheelchair arms were torn, soap dispenser coverings were missing, and an emergency call bell did not have a cover plate.<br><br>The findings include:<br><br>During the environmental tour of the facility on 12/08/11, at 10:00 AM, the following items were observed to be in need of repair:<br><br>-The faucets in resident bathrooms 202, 212, 219, and 226 dripped continuously.<br>-A light in the bathroom in resident room 106 did not work.<br>-Brownish stains were observed in commode basins in resident bathrooms 108, 118, and 226. | F 253  |   |                      |  |

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| F 253   | Continued From page 5<br>-Screws were exposed and protruded approximately one inch from the base of the commodes in resident bathrooms 104, 108, 112, 116, 118, 200, 203, 205, 206, 216, and 221.<br>-The drywall in resident bathroom 116 had deep scrapes.<br>-The wheelchair arms in resident rooms 115, 217, and 219 were torn.<br>-Tiles were missing at the entryway of the shower in resident room 121.<br>-The floor in resident bathroom 122 was stained with a yellowish substance.<br>-The tissue paper bar was missing in resident bathrooms 122 and 212.<br>-The towel bar was missing in resident bathrooms 211 and 216 and the towel bar in resident bathroom 203 was loose on one end.<br>-The footboard in resident room 123 had splintered edges.<br>-The overbed light in resident room 205 did not have an activation pull cord and in resident room 124 the light cord was too short for the resident to reach.<br>-Water leaked continuously in the sink and at the control knob and from the spray nozzle in the first stall in the women's shower room.<br>-The water control knob was missing in the second stall in the men's shower room.<br>-The covering for the emergency call bell in resident bathroom 202 was missing.<br>-The privacy curtain in resident room 208 was soiled with a brownish substance.<br>-The resident name plate on the wall at the entrance of room 209 was loose and had been taped to the wall with white tape.<br>-The soap dispenser cover was missing in resident rooms 212 and 218.<br>-The blinds would not close in resident room 223 | F 253  |   |                      |  |

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| F 253   | Continued From page 6<br>and a blanket had been secured over the window with thumbtacks to block the sunlight.   | F 253  |   |  |
| F 281<br>SS=D   | 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS<br><br>The services provided or arranged by the facility must meet professional standards of quality.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review, it was determined the facility failed to meet professional standards of quality by failing to ensure physician's orders were followed for one of eighteen sampled residents (Resident #4). Resident #4 had physician's orders for oxygen to be administered at two liters per minute and for Thromboembolic stockings (TEDS) to be applied to both legs each morning and removed at bedtime. Observation on 12/06/11 and 12/07/11, revealed the facility failed to ensure oxygen was available in Resident #4's room and failed to apply the TEDS as ordered. Additionally, the facility failed to ensure staff utilized accepted professional standards during the administration of subcutaneous injections (unsampled Resident D). | F 281  | <b>Please See Attachment</b>  |  |

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| F 281   | <p>Continued From page 7</p> <p>The findings include:</p> <p>Interview on 12/08/11, at 11:15 AM, with the Administrator revealed the facility did not have a policy specific to ensure staff followed physician's orders. Review of the facility's policy titled Injections-Subcutaneous (not dated) revealed staff was to cleanse the rubber top of the vial of medication prior to accessing the vial with the needle.</p> <p>1. Review of the medical record revealed the facility readmitted Resident #4 on 06/16/11, with diagnoses of Congestive Heart Failure, Osteoporosis, and Hypertension. Review of the annual Minimum Data Set (MDS) assessment dated 09/17/11 and the Brief Interview for Mental Status (BIMS) revealed the facility assessed Resident #4 as severely impaired in cognition.</p> <p>Review of a supplemental physician's order dated 06/16/11 and the monthly orders for December 2011 revealed staff was to apply thigh-high Thromboembolic stockings (TEDS) to Resident #4's lower extremities each morning and to remove the stockings at bedtime. Further review of the physician's orders revealed on 06/19/11, the physician ordered for Resident #4 to receive oxygen at 2 liters per minute by use of a concentrator or portable oxygen via a nasal cannula. Additionally, a review of the monthly physician's orders for December 2011 revealed Resident #4 was to receive oxygen at 2 liters per minute via a nasal cannula.</p> <p>Observations on 12/06/11, at 12:10 PM, 2:00 PM, 3:50 PM, 5:00 PM, and 6:00 PM, and on 12/07/11, at 9:00 AM and 10:15 AM, revealed</p> | F 281  |   |                      |  |

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| F 281   | <p>Continued From page 8</p> <p>Resident #4 was not wearing the TEDS and an oxygen concentrator or portable oxygen was not present in the resident's room.</p> <p>Review of the TAR (Treatment Administration Record) for Resident #4 revealed staff had placed their initials on the TAR to indicate the resident's TEDS had been applied on 12/07/11. On 12/06/11, staff had circled their initials on the TAR to indicate staff had not applied the resident's TEDS. Further review of the TAR revealed staff had initialed the TAR to indicate Resident #4's oxygen was in use on all shifts on 12/06/11 and 12/07/11.</p> <p>Interview on 12/07/11, at 2:15 PM, with RN #1 revealed she had been responsible to ensure Resident #4's treatments were provided on 12/07/11. RN #1 stated she had initialed the treatments on the TAR to indicate the treatment was provided for the resident and if the treatments were not done the initials should be circled and an explanation should be written on the back of the TAR. RN #1 stated she had initialed Resident #4's MAR to indicate the resident's TEDS were applied but had realized later in the shift that the resident was not wearing the TEDS when she checked to ensure a dressing was intact to the resident's toe. RN #1 stated she should have applied the TEDS as ordered. RN #1 also stated she thought an oxygen concentrator was present in Resident #4's room.</p> <p>Interview on 12/07/11, at 2:50 PM, with the 200 Unit Clinical Supervisor (UCS) revealed nurses were responsible for treatments listed on the TAR. The UCS stated a treatment is initialed to</p> | F 281   |   |  |

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| F 281   | Continued From page 9<br>indicate the treatment was provided. The UCS confirmed if a treatment was not provided staff should circle the initials on the TAR and enter the reason on the back of the TAR.<br><br>2. Observation of medication pass on 12/08/11, at 8:55 AM, revealed LPN #2 prepared a subcutaneous medication to be administered to unsampled Resident D. LPN #2 withdrew 25 units of Levemir insulin from a multi-dose vial. Observation revealed LPN #2 failed to cleanse the rubber stopper of the insulin vial prior to accessing the vial with the needle.<br><br>Interview on 12/08/11, at 9:45 AM, with LPN #2 revealed the rubber stopper on the insulin vials should be cleansed with alcohol prior to inserting the needle in the stopper. LPN #2 stated she just failed to cleanse the stopper during the preparation of the injection.<br><br>Interview on 12/09/11, at 11:45 AM, with the Director of Nursing (DON) revealed staff was required to cleanse the rubber port of any multi-dose vial of medication prior to accessing the vial of medication. | F 281  |   |                      |  |
| F 323<br>SS=E   | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br><br>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  | Please See Attachment   |                      |  |

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| F 323   | Continued From page 10<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview it was determined the facility failed to ensure assistance devices were easily accessible for residents. Observation during the environmental tour on 12/08/11, revealed fifteen emergency call bell activation cords in resident bathrooms were not easily accessible for the residents in the event of an accident. Further observation of the men's shower room revealed an emergency call bell activation cord was missing.<br><br>The findings include:<br><br>Observation on 12/08/11, at 10:00 AM, during the environmental tour revealed the emergency call bell activation cords in resident bathrooms 111, 121, 124, 125, 126, 202, 205, 206, 208, 213, 214, 215, 221, 223, and 224 extended approximately four inches from the wall near the toilet and could not easily be reached in the event of an accident. Further observation of the men's shower room revealed one emergency call bell activation cord was missing for the call bell near a shower stall and, as a result, the system could not be activated in the event of an accident.<br><br>Interview on 12/09/11, at 11:55 AM, with the Maintenance Supervisor (MS) revealed maintenance staff conducted environmental tours each day to assess areas in need of repair, to include call bells. The MS stated he had not realized the emergency call bell activation cords were not easily accessible for residents when they were on the toilet. | F 323  |   |                      |  |
| F 441   | 483.65 INFECTION CONTROL, PREVENT   | F 441  | Please See Attachment   |                      |  |

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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185366 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br>12/09/2011 |
|---|--|--|---|----------------------|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>CORBIN HEALTH & REHABILITATION CENTER |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>270 BACON CREEK ROAD, P O BOX 1190<br>CORBIN, KY 40702                 |                      |  |
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| F 441<br>SS=D   | Continued From page 11<br>SPREAD, LINENS<br><br>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.<br><br>(a) Infection Control Program<br>The facility must establish an Infection Control Program under which it -<br>(1) Investigates, controls, and prevents infections in the facility;<br>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br>(3) Maintains a record of incidents and corrective actions related to infections.<br><br>(b) Preventing Spread of Infection<br>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.<br>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food; if direct contact will transmit the disease.<br>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.<br><br>(c) Linens<br>Personnel must handle, store, process and transport linens so as to prevent the spread of infection. | F 441  |   |                      |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br>CORBIN HEALTH & REHABILITATION CENTER |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>270 BACON CREEK ROAD, P O BOX 1190<br>CORBIN, KY 40702                 |                      |  |
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| F 441   | <p>Continued From page 12</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview, and review of facility policy it was determined the facility failed to provide a safe, sanitary environment to help prevent the development and transmission of disease and infections for two unsampled residents. Observation of medication pass on 12/06/11, revealed Registered Nurse (RN) #1 handled an oral tablet with her bare hands prior to the administration of the medication to an unsampled resident (unsampled Resident B). Further observation on 12/08/11, revealed Licensed Practical Nurse (LPN) #2 failed to wear gloves during the administration of a subcutaneous injection as required by the facility's policy and accepted standard precautions.</p> <p>The findings include:</p> <p>A review of the facility policy entitled Standard Precautions (not dated) revealed facility staff was required to observe Standard Precautions in the care of all residents regardless of their diagnosis or presumed infection status. The policy directed staff to wear gloves when there was a potential for contact with blood, body fluids, secretions, excretions, and contaminated items.</p> <p>1. During observation of a medication pass on 12/07/11, at 9:00 AM, Registered Nurse (RN) #1 prepared 12 oral medications for unsampled Resident B in room 212. RN #1 obtained Oxazepam (Serax, an anti-anxiety medication) from the locked/secured box. RN #1 removed</p> | F 441  |   |                      |  |

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| F 441   | <p>Continued From page 13</p> <p>the tablet from the package with her bare hands, placed the tablet in the medication cup, and administered the medication to unsampled Resident B.</p> <p>RN #1 confirmed in interview on 12/07/11, at 2:15 PM, that she handled the medication with her bare hands. The RN stated she should have discarded the medication and obtained a tablet that had not been touched for the resident. RN #1 stated she was nervous during the medication observation and, as a result, made the error.</p> <p>Interview with the Director of Nursing (DON) on 12/09/11, at 11:45 AM, revealed staff should never handle residents' medications with bare hands. The DON stated gloves should be worn if staff needed to touch a resident's pills.</p> <p>2. Observation of the morning medication pass on 12/08/11, revealed LPN #2 prepared Levemir (insulin) 25 units for subcutaneous injection to unsampled Resident D. LPN #2 administered Levemir insulin subcutaneously in the left lower quadrant of the resident's abdomen. LPN #2 failed to wear gloves when she administered the subcutaneous injections as mandated by facility policy and by standard precautions.</p> <p>During an interview on 12/08/11, at 9:45 AM, LPN #2 stated she was not aware of the requirement to wear gloves during the administration of subcutaneous or intramuscular injections.</p> <p>Interview with the DON on 12/09/11, at 11:45 AM, revealed staff was required to follow facility policy and to observe standard precautions when medications were administered. The DON stated</p> | F 441  |   |                      |  |

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|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CORBIN HEALTH &amp; REHABILITATION CENTER</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>270 BACON CREEK ROAD, P O BOX 1190<br/>CORBIN, KY 40702</b>         |                      |   |
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| F 441  | Continued From page 14<br>staff should wear gloves during the administration of any injection.                         | F 441   |   |                      |   |

**Corbin Health & Rehabilitation Center  
Annual Survey December 6-9, 2011  
Plan of Correction**

**F 164**

1. The Medication Administration Records (MARs) are being maintained in a confidential manner for resident #13 and other residents.
2. All residents' medical records, including MARs, are being maintained in a confidential manner. Personal privacy is being maintained.
3. The Director of Nursing and the Administrator conducted an in-service on December 12, 2011 with all nursing staff regarding the appropriate protocol and guidelines for maintaining privacy and confidentiality of medical records, including MARs. The in-service stressed the importance of ensuring the MARs are closed or covered when not in use.
4. The CQI Committee designee, Nurse Clinical Coordinators, will conduct observations of 4 nurses (chosen at random) administering medications to observe for maintenance of confidentiality & privacy of the MARs. These observations will be done every week for one month, then monthly for one quarter. Any identified concerns will be corrected immediately and reported to the CQI Committee for further review and follow-up.
5. Completion Date: December 15, 2011

**Corbin Health & Rehabilitation Center  
Annual Survey December 6-9, 2011  
Plan of Correction**

**F 241**

1. The staff are providing care to Residents B and C that promote their dignity and respect. Staff are sitting at eye level when assisting Resident B with meals. Staff are knocking on the door of Resident C prior to entering room.
2. All residents are being provided care that maintains and promotes their dignity and respect by staff being seated at eye level during meal service and by knocking on each residents' door to obtain consent to enter.
3. An in-service was conducted on December 12, 2011 by the Director of Nursing and Administrator with all staff regarding following appropriate guidelines for assisting residents with meal service, including being seated at eye level while feeding. The in-service also addressed the importance of knocking on residents' doors for consent prior to entering.
4. The CQI Committee designee, Nursing Clinical Coordinator, will observe 4 staff members for being seated at eye level during feeding/meal service and knocking on resident room doors prior to entering their room. These observations will be done every week for one month, then monthly for one quarter. Any identified concerns will be corrected immediately and reported to the CQI Committee for further review and follow-up.
5. Completion Date: December 15, 2011

**Corbin Health & Rehabilitation Center**  
**Annual Survey December 6-9, 2011**  
**Plan of Correction**

**F 253**

1. The faucets in resident bathrooms 202, 212, 219, and 226 were repaired/replaced as indicated. The light bulb in room 106 restroom was replaced. The stains in the commode basins in rooms 108, 118, and 226 were resolved. The protruding screws from the commode bases in the restrooms of 104, 108, 112, 116, 118, 200, 203, 205, 206, 216, and 221 were removed (sawed off) by maintenance personnel. The drywall in resident restroom 116 was mudded and repaired. The wheelchair arms in resident rooms 115, 217, and 219 were replaced. Threshold tile for the entryway to the shower in room 121 was ordered and will be installed when tile arrives. The yellowish stain on the restroom floor of room 122 was unable to be removed, however, tile has been ordered to replace and will be installed when it is received. Tissue paper holders in 122 and 212 were replaced. The towel bar in resident restroom 211 and 216 were replaced and the loose towel bar in room 203 was repaired. The bed with the splintered footboard in room 123 was replaced. The overhead light cord in room 205 and 124 were replaced with longer cords. The leaking control knob and spray nozzle in the women's shower room were repaired. The water control knob in the men's shower room was replaced. The emergency call bell cover was replaced in room 202. The privacy curtain in room 208 was replaced. The resident name plate on the outside of room 209 was properly secured to the wall. The soap dispensers in rooms 212 and 218 were replaced due to missing covers. The blinds in room 223 were repaired.
2. All interior areas of the facility, accessible to residents, are being maintained in a sanitary and orderly fashion for residents to be comfortable in their environment. A thorough set of environmental rounds were conducted by the Maintenance Director and Housekeeping Supervisor to ensure all other areas were free of items needing repair/replacement. No further concerns were identified.
3. An in-service was conducted by the Administrator with all staff regarding the importance of utilizing the CQI Referral Form or Maintenance Work Order Request form to notify the Maintenance Director of items/areas in need of repair/replacement. The Maintenance Director was also re-educated to conduct rounds throughout the facility daily, and in his absence the housekeeping staff, to observe for areas/items in need of repair/replacement. Housekeeping staff were also re-educated regarding the need to observe for areas/items in need of repair/replacement and/or cleaning.

4. The CQI Committee designee, Maintenance Director and Administrator, will conduct thorough environmental rounds in resident accessible areas to observe for areas/items in need of repair/replacement/ These observations will be done every week for one month, then monthly for one quarter. Any identified concerns will be corrected immediately and reported to the CQI Committee for further review and follow-up.
5. Completion Date: January 27, 2011

**Corbin Health & Rehabilitation Center**  
**Annual Survey December 6-9, 2011**  
**Plan of Correction**

**F 281**

1. Resident # 4 is receiving care and services in accordance with professional standards of quality. Resident #4 was immediately assessed and was in no respiratory distress with an oxygen saturation of 96%. The resident's physician was notified of resident's refusal to wear oxygen and TED hose and current assessment findings. The physician gave an order to discontinue the oxygen and the TED hose with monitoring of oxygen saturation every shift for three days. Resident has been without any signs or symptoms of respiratory distress with oxygen saturations being record in normal ranges. The Care Plan, Kardex and clinical record were updated to reflect the new orders. Nurses are administering injections to Resident D in accordance with professional standards by cleansing the top of the vial prior to inserting needle to remove the medication.
2. All residents are receiving care as ordered by the physician and per the care plan in accordance with professional standards. All residents that have oxygen ordered are receiving oxygen per physicians' orders. All residents that have orders for TED hose are utilizing TED hose per physician order. Nurses are cleaning the rubber top of a vial of medication with an alcohol pad prior to inserting the needle to remove the medication.
3. An in-service was conducted by the Director of Nursing and Administrator on December, 12, 2011 with all nurses regarding the importance of providing care in accordance with professional standards of practice. The in-service included the importance of following the physicians' orders, specifically oxygen orders and TED hose orders, and the appropriate steps to take should a resident refuse a care and services/treatment, including appropriately notifying the physician and documenting accordingly. The in-service also addressed the proper procedure for cleansing the top of the vial to during the preparation of the injection.
4. The CQI Committee designee, Director of Nursing and Nursing Clinical Coordinators, will conduct observations of 4 residents (chosen at random) after review of the physician orders to ensure orders are being carried out. These observations will include emphasis on residents with oxygen orders, as well as orders for TED hose. The designee will also observe 4 nurses (chosen at random) preparing injectable medications for administration to ensure acceptable standards of practice are being followed. These observations will be done every week for one month, then monthly for one quarter. Any identified concerns will be corrected immediately and reported to the CQI Committee for further review and follow-up.
5. Completion Date: December 12, 2011\_

**Corbin Health & Rehabilitation Center  
Annual Survey December 6-9, 2011  
Plan of Correction**

**F323**

1. The emergency call bell activation cords in resident bathrooms 111, 121, 124, 125, 126, 202, 205, 206, 208, 213, 214, 215, 221, 223, and 224 were replaced with longer extended cords to afford the resident greater accessibility. The cords were replaced to ensure assistive devices are accessible for the residents. The missing cord in the men's shower room was replaced.
2. All call bell activation cords were checked to ensure the cords were long enough to be more easily accessed by the resident. All residents have assistive devices to prevent accidents to extent possible. No concerns were identified.
3. An in-service was conducted by the Director of Nursing and Administrator with all staff to emphasize the importance of ensuring that assistive devices, particularly call bell activation cords, are long enough and present to be accessed by residents to prevent accidents as much as possible. The Maintenance Director was also in-serviced regarding the importance of ensuring the call bell activation cords were in place and long enough to be accessed by residents.
4. The CQI Committee designee, Maintenance Director and Administrator, will make observations of 10 resident rooms/restrooms to ensure the call bell activation cords are easily accessible and in place for residents. These observations will be done every week for one month, then monthly for one quarter. Any identified concerns will be corrected immediately and reported to the CQI Committee for further review and follow-up.
5. Completion Date: December 9, 2011

**Corbin Health & Rehabilitation Center  
Annual Survey December 6-9, 2011  
Plan of Correction**

**F 441**

1. The two unsampled residents have had no negative effects from this deficiency and are receiving care and services in accordance with professional standards of quality.
2. RN #1 and LPN #2 have received one to one counseling and education by the Director of Nursing on general infection control procedures, specifically the appropriate handling of medication and glove use for injections.
3. All nursing staff have been in-serviced by Director of Nursing on the infection control program and procedures, specifically including glove use for injections and appropriate handling of medications during a medication pass.
4. As part of the CQI process, the Nurse Clinical Coordinators will perform random medication pass audits weekly for three months, and then monthly thereafter to ensure facility staff are following infection control policy for all residents during a medication pass. Any problems will be corrected immediately and reported to the CQI committee for follow-up.
5. Completion Date: December 12, 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CORBIN HEALTH &amp; REHABILITATION CENTER</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>270 BACON CREEK ROAD, P O BOX 1190<br/>CORBIN, KY 40702</b>         |                      |   |
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| K 000  | <p>INITIAL COMMENTS</p> <p>CFR: 42 CFR §483.70 (a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1991</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type III (000)</p> <p>SMOKE COMPARTMENTS: Six</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLED, SUPERVISED (DRY SYSTEM)</p> <p>EMERGENCY POWER: Type II diesel generator</p> <p>A life safety code survey was initiated and concluded on 12/07/11, for compliance with Title 42, Code of Federal Regulations, §483.70 (a). The facility was found to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p> | K 000   |   |                      |   |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE                |  |   | TITLE   |                      | (X6) DATE   |

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.