

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

PRINTED: 10/14/2011  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/30/2011
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NAME OF PROVIDER OR SUPPLIER  GLASGOW HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 220 WESTWOOD ST. GLASGOW, KY 42141
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F 000 INITIAL COMMENTS

An annual survey and an abbreviated survey (KY #17128) were conducted on 09/27/11 through 09/30/11 and a Life Safety Code survey was conducted on 09/28/11. The facility was not in compliance with Federal regulations with deficiencies cited at the highest S/S of an "E." KY #17128 was substantiated with unrelated deficiencies cited.

F 155 483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES

The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section.

This REQUIREMENT is not met as evidenced by:  
Based on record review and interview, it was determined the facility failed to ensure one resident (#1), in the selected sample of fifteen (15), was allowed the right to refuse treatment related to the administration of three (3) intramuscular (IM) injections, after the resident verbalized refusal on each occasion.

The findings include:  
A review of the "Resident Admission Agreement," under "Rights and Responsibilities Of The Resident," dated 07/08/10, and signed by the resident's guardian, revealed the resident had the right to refuse any medical treatment and to be informed of the consequence of refusing the treatment.

F 000

*This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.*

F - 155

Glasgow Health and Rehabilitation Facility attempts to make every effort to ensure that residents are allowed the right to refuse treatment.

1. Resident #1 was not given any injections without the resident's consent as of 9-30-11. The injections were discontinued on 10-28-11 due to refusal. One to one consultation was conducted for nurses involved, 10/19/2011 by DON.

2. Facility chart audit was completed 10/18/2011 by DON for all residents who received prn psychotropic IM medications over past month to ensure medications were given with resident's consent. No issues were discovered. DON reviewed the notes from the daily awareness meeting for past 6 months to identify any resident who had been non-compliant with care including the refusal of care and no other incidents were noted. Discussions with Director of Social Services did not reveal any concerns voiced by residents relating to the right to refuse

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>David E. [Signature]</i>	TITLE Administrator	(X6) DATE 12-14-11
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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 155	Continued From page 1  A record review revealed Resident #1 was admitted to the facility on 07/08/10 with diagnoses to include Fractured Femur, Hypertension (HTN), Esophageal Reflux, Depressive Disorder and Bipolar Type II.  A review of the Comprehensive Care Plan, dated 07/20/11, revealed "mood and behavior problems" related to socially inappropriate behaviors of yelling and being resistive to care. Physical/verbal abuse and wandering were added to the care plan on 08/31/11. Interventions included if the resident exhibited abusive behavior toward the staff and was resistive to care, to stop and try again later, if he/she refused care, get another staff member to try to approach the resident.  A review of the significant change Minimum Data Set (MDS), dated 09/09/11, revealed the resident to be cognitively intact with a Brief Interview Mental Status (BIMS) score of 13, and required limited assistance of two staff for ambulation while up in the corridor.  An interview with Resident #1, on 09/27/11 at 9:30 AM, revealed he/she felt he/she was not being treated with respect, due to receiving injections after he/she refused them. The resident stated the injections do not make him/her feel any better.  A review of the nurses' notes, dated 09/08/11 at 6:00 PM, revealed Resident #1 became agitated and was not easily redirected by the staff. The physician was notified and an order for Ativan 2 milligrams (mg) IM, one time dose, was received.	F 155	<i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i>  care. No grievances have been filed related to the violation of the resident's right to refuse care. 3. Nursing staff were educated on Resident Rights including the right to refuse care such as baths, medications, activities, food, treatments, etc. by DON on 10-19-11. All instances of refusal of care are to be discussed in the daily awareness meeting. 4. Social Services will review the residents right to refuse treatment at the next monthly Resident Council meeting and will review the residents right to refuse treatment with all residents when their quarterly review is completed. The residents will be encouraged to file a grievance if they feel their rights have been violated. The resident's right to refuse treatment is also discussed with each admission. The Director of Social Services will review all grievances and any grievance related to the violation of the resident's rights will be addressed by the administrator within 24 hours of the grievance with a follow up to the resident. Nursing will be in-	
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F 155	Continued From page 2  An interview with State Registered Nurse Aide (SRNA) #2, on 09/28/11 at 1:55 PM, revealed, on 09/08/11 at 6:45 PM, the resident did not agree to receiving an IM injection; however, she and SRNA #3 held Resident #1's arms as Licensed Practical Nurse (LPN) #1 administered the injection. She stated the resident tried to throw her off, and the resident told LPN #1 he/she did not agree to receiving the injection.  An interview with SRNA #3, on 09/29/11 at 10:50 AM, revealed, on 09/08/11 at 6:45 PM, he was told by SRNA #2 that his assistance was needed, because Resident #1 was going to receive an injection. He stated LPN #1, the Admissions Director and SRNA #2 were in Resident #1's room when he arrived, and the resident was seated in a wheelchair. He stated the resident told the staff that he/she was not going to take the injection. LPN #1 told SRNA #3 and SRNA #2 to assist the resident to a standing position, and then she would administer the injection. He stated he stood on the right side of the resident while SRNA#2 stood on the left side of the resident. They counted to three (3) and assisted the resident to a standing position. He stated the resident did not resist or try to fight them; however, they held on to his/her arms to keep the resident from swinging at them, because he/she did not want the staff anywhere near him/her at that time.  An interview with LPN #1, on 09/27/11 at 4:40 PM, revealed, on 09/08/11 at 6:45 PM, Resident #1 refused the Ativan injection and refused to stand. Two staff members assisted the resident to stand up by supporting him/her under the	F 155	<i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i>  serviced on Resident Rights no less than quarterly for 1 year to ensure all staff are aware. All newly hired staff will be in-serviced during orientation. All grievances will be reported to the facility QA committee for review. Facility QA committee will review in-service records to ensure education is completed, DON will report on any resident who is refusing treatment as noted in the daily awareness meetings to the facility QA committee no less than quarterly. 5. Completion Date: 11/14/2011

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F 155	<p>Continued From page 3</p> <p>arms, while she administered the IM injection. She stated she did not consider holding the resident a restraint; however, she stated she should not have done that.</p> <p>A review of nurses' notes, dated 09/09/11 at 7:30 PM and 09/23/11 at 7:30 PM, revealed Resident #1 was administered Risperdal Consta 12.5 mg IM. Further review of the documentation, dated 09/09/11, revealed the resident was resistive when the IM injection was administered, and documentation, dated 09/23/11, revealed two SRNAs were required to assist as the IM injection was administered to the resident.</p> <p>An interview with SRNA #1, on 09/28/11 at 1:15 PM, revealed, on 09/23/11 at 7:30 PM, she assisted to hold the resident as he/she was administered an IM injection. She stated the resident did not like it at all. She stated the resident asked the reason for getting the injection and was told by LPN # 2 that the physician ordered the injection. She stated the resident did not strike out during the administration of the injection.</p> <p>An interview with Certified Medication Technician (CMT) # 2, on 09/28/11 at 2:05 PM, revealed, on 09/23/11 at 7:30 PM, Resident #1 was "irate." She provided assistance while LPN #2 administered an injection to the resident. The resident told them he/she did not want an injection. She stated she held the resident's arm with one hand and held the gait belt with the other hand. She stated the resident was not resistive once he/she stood up; however, after the injection, the resident pointed at the staff and raised his/her voice to them.</p>	F 155		

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F 155	Continued From page 4  An interview with LPN# 2, on 09/22/11 at 3:00 PM, revealed, on 09/09/11 at 7:30 PM, as she attempted to administer an injection of Risperdal Consta IM to Resident #1. He/she raised his/her voice and told LPN #2 to get away from him/her, and stated he/she did not want it. LPN #2 stated two SRNAs held the resident while she administered the injection, but she did not recall who they were. Additionally, she stated Resident #1 refused the IM injection on 09/23/11; however, she administered the IM injection to the resident with the assistance of two SRNAs, who assisted the resident to stand up.  An interview with the Director of Nursing (DON), on 09/29/11 at 4:46 PM, revealed she did not expect the staff to notify the physician if interventions were attempted; however, if there was a pattern of refusing medications, she expected the staff to notify the resident's physician. She stated a resident had the right to refuse medications and the nurses should not have administered the injections if the medication was refused. She was not aware that staff held the resident to administer an IM injection. Once the resident refused the medication, the medication should not be administered. She considered holding a resident down as a physical restraint, but did not consider the drug a chemical restraint unless it restricted the resident's activities of daily living.	F 155	<i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i>  F - 157 Glasgow Health and Rehabilitation Facility makes every effort to notify the resident's physician timely related to a change in the resident's status. 1. MD was notified on resident #3 on 5/4/2011. MD was notified on resident #6 on 8/29/11 at 4:15 PM. 2. On 10/19/2011 DON reviewed minutes from awareness meeting and report sheets over past 6 months to determine if all notifications were made timely to physicians of change in resident condition or acute findings. Any noted problems were addressed with the MD. All outside recommendations were reviewed by LPN supervisor on 10/19/2011 to ensure timely notifications. 3. In-serviced all licensed staff on 9/29/2011 by DON on notification of physicians order of notification, and when to notify. All nurses will be educated upon hire and yearly on notification of change policy (See attached policy). All outside	
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	F 157		

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F 157	<p>Continued From page 5</p> <p>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).</p> <p>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 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 record review, review of facility policy/procedure and interview, it was determined the facility failed to immediately notify the physician for two (2) residents (#3 and #6), in the selected sample of fifteen (15), related to a change in the resident's condition.</p>	F 157	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>recommendations will be sent to MD upon receipt and followed up on daily by staff nurse until a response is received.</p> <p>4. Nurse manager will review the 24 hour reports weekly to ensure timely notification was made on any acute finding or change in condition. Report to facility QA committee no less than quarterly X 6 months. Facility DON to review all orders for PRN psychotropic medications to ensure the orders are written appropriately and only after non-pharmacological interventions were attempted. Any issues will be corrected when found. These reviews will be presented to the Facility QA Committee no less than quarterly. Wound care nurse will monitor all recommendations from Pharmacy, Psych. services, and Dietary weekly for timely notifications. Report findings to facility QA committee no less than quarterly X 6 months.</p> <p>5. Completion Date: 10/20/2011</p>

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F 157	<p>Continued From page 6</p> <p>The findings include:</p> <p>A review of the facility's policy/procedure, "Notification of Changes," dated 07/01/08, revealed the facility will "immediately inform the resident, consult with the resident's physician, and if known, notify the designated family member or resident's legal representative when there is an accident involving the resident which involves injury and has the potential for requiring physician intervention, a significant change in the resident's physical, mental, or psychosocial status, a need to alter treatment significantly, or a decision to transfer or discharge a resident from the facility." The policy/procedure revealed if the attending physician was not available the following order of notification was to be used: "on call physician, and then the Medical Director."</p> <p>1. A record review revealed Resident #3 was admitted to the facility on 03/31/10 with diagnoses to include Dementia, Urinary Retention, Neurogenic Bladder, Hydronephrosis and Chronic Obstructive Pulmonary Disease.</p> <p>A record review revealed Resident #3 was noted with a small amount of blood in his/her brief on 04/23/11. There was no evidence of physician notification at that time. An interview with Licensed Practical Nurse (LPN) #4, on 09/29/11 at 8:10 AM, revealed she recalled the incident, but did not recall notifying the physician.</p> <p>Further record review revealed, on 08/28/11 at 1:30 AM, Resident #3 was noted to have a moderate amount of sediment and bright red blood in his/her catheter tubing with very little urine flowing. The lower portion of the abdomen</p>	F 157		
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F 157	<p>Continued From page 7</p> <p>was round and distended. As the foley catheter was removed, a moderate amount of bright red blood began to flow. The foley catheter balloon and tip were intact; however, blood continued to flow, and pressure was applied. The bleeding did not slow down as the resident began to shake. LPN #4 notified the hospital switchboard and Advanced Practice Registered Nurse (APRN) #1, at 1:40 AM and 1:42 AM, respectively, with no answer. Resident #3 was sent to the Emergency Room (ER), with no further attempt to notify the physician, or the on call physician, until 08/28/11 at 11:10 PM. LPN #4 did not speak with APRN #1 until 08/29/11 at 4:15 AM.</p> <p>An interview with LPN #4, on 09/29/11 at 8:10 AM, revealed she did not reach the resident's physician that night. Further interview revealed she did not attempt to notify the Medical Director and stated, "I think it was the following Monday that I found out about notifying the Medical Director from another nurse."</p> <p>A review of the physician's orders, dated 08/29/11, revealed to start hemoccult times three (3) on Wednesday, 08/30/11.</p> <p>A review of the nurses' notes, dated 09/01/11, revealed the first stool for an occult blood was obtained with negative results. A review of the nurses' notes (late entry), dated 09/04/11 at 3:30 AM, revealed a second stool for an occult blood was obtained, on 09/03/11 at 10:00 PM, with positive results. Further review of the nurses' notes, dated 09/04/11 at 3:30 AM, revealed a third stool for an occult blood was obtained with positive results.</p>	F 157		

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F 157	Continued From page 8  There was no evidence of physician notification related to the positive results, until 09/06/11, when a fax was sent to APRN #1, who was notified about the hemoccult results for 09/01/11, 09/03/11 and 09/04/11.  An interview with the Director of Nursing (DON), on 09/29/11 at 5:05 PM, revealed she expected the physician to be notified after each positive result.  2. A record review revealed Resident #6 was admitted to the facility on 10/02/09 with diagnoses to include Depression with Psychosis, Osteoarthritis, Diabetes Mellitus and Schizophrenia.  A record review revealed, on 05/23/11 at 2:30 AM, the resident's left foot/ankle was noted with edema (swelling). A pedal pulse was present and no redness/bruising/tenderness was noted. Range of motion (ROM) was within normal limits, and the resident denied pain with movement of his/her foot. Further record review revealed there was no assessment of the left foot/ankle until 06/14/11 at 6:30 AM. LPN #4 documented the resident was noted to have a swollen left foot/ankle. There was no redness/bruising noted, and ROM was within normal limits. The resident denied pain with movement; however, there was slight tenderness upon touch. A report was given to Registered Nurse (RN) #5, to follow-up with the physician. No follow-up was completed, until 06/14/11 at 7:30 PM, when LPN #4 notified APRN #2 and received an order for an x-ray of the left foot/ankle to be completed the following morning. An x-ray report, dated 06/15/11, revealed Resident #6 had a non-displaced fracture of the	F 157			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/30/2011
NAME OF PROVIDER OR SUPPLIER  GLASGOW HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 220 WESTWOOD ST. GLASGOW, KY 42141	
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F 157	Continued From page 9 distal fibula.  An interview with LPN #4, on 09/29/11 at 9:00 AM, revealed she did not recall the incident on 05/23/11; however, she recalled the resident receiving therapy on the morning of 06/14/11. LPN #4 revealed "I know I did not contact the physician at that time, I reported the swelling to the oncoming nurse and asked her to notify APRN #2, due to it being the end of the shift."  An interview with the DON, on 09/29/11 at 5:05 PM, revealed her expectation was for the staff to follow-up with the physician at the time the report was made.  Further record review revealed Resident #6 was seen by a psychiatric service, on 01/18/11, with a recommendation for Risperdal 0.25 milligrams (mg) every night (HS) for psychosis. The physician's order for Risperdal was not written until 03/16/11. Resident #6 was again seen by a psychiatric service, on 02/14/11, with a recommendation to increase Seroquel to 25 mg twice per day (BID). A physician's order to increase the Seroquel was not written until 03/02/11.  An interview with the DON, on 09/29/11 at 5:05 PM, revealed recommendations were sent to the physician for approval. She stated the nurses were supposed to keep track of the faxes on a clip board, and were to follow-up within a few days after the initial fax. She stated twenty-one (21) days was too long to wait for the physician to be notified of recommendations.  An interview with APRN #3, on 09/29/11 at 10:25	F 157	<i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i>  F - 222 Glasgow Health and Rehabilitation strives to ensure that each resident has the right to be free from any chemical restraints. 1. Resident #1 was not given any injections without the resident's consent as of 9-30-11. The injections were discontinued on 10-28-11 due to refusal. The Physician was notified by the nurse supervisor and the order was changed on 4/13/2011 for prn Geodon on resident #4. One to one consultation was provided on 10/19/2011 by DON for the nurses involved with both residents. 2. DON interviewed all interviewable residents identified in the audit to ensure that the injections were given with consent, for all other identified residents staff were interviewed to determine resident response. A chart audit was completed on all residents who received prn psychotropic IM meds. over the past month on 10/19/2011 by DON	

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F 157	Continued From page 10 AM, revealed staff came directly to the facility to do the psychiatric consultations. The paperwork with recommendations was either left at the facility the day of service, or may be over-nighted the following day.	F 157	<i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i>	
F 222 SS=D	483.13(a) RIGHT TO BE FREE FROM CHEMICAL RESTRAINTS  The resident has the right to be free from any chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.  This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, it was determined the facility failed to ensure each resident had the right to be free from any chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms for two residents (#1 and #4 ), in the selected sample of fifteen (15), related to administration of anti-psychotic intramuscular (IM) medications against the residents' wishes.  The findings include:  A review of the facility's policy/procedure manual revealed there was no evidence of a policy/procedure for chemical restraints.  1. A record review revealed Resident #1 was admitted to the facility on 07/08/10 with diagnoses to include Fractured Femur, Hypertension (HTN), Esophageal Reflux, Depressive Disorder and Bipolar Type II.	F 222	<i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i>  to assure meds. were given with proper resident consent. 3. All nurses were re-educated on 10-19-11 by DON regarding the use of chemical restraints. The in-service included the definition of chemical restraint, the use of chemical restraints for convenience or discipline, how to identify medical symptoms being treated, the residents right to refuse treatment, the consequences of not allowing the resident to refuse treatment, following the plan of care, and documentation of resident behaviors. All PRN psychotropic drugs are being discontinued and nurses were instructed to accept no orders. Orders are to be written for one time dose only for the acute, emergency situation only, and can only be used if non-pharmacological interventions have been attempted and failed. 4. Facility DON to review all orders for PRN psychotropic medications to ensure the	

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F 222	<p>Continued From page 11</p> <p>A review of the "Resident Admission Agreement," under "Rights and Responsibilities Of The Resident," dated 07/08/10, and signed by the resident's guardian, revealed the resident had the right to refuse any medical treatment and to be informed of the consequence of refusing the treatment.</p> <p>A review of the Comprehensive Care Plan, dated 07/20/11 and updated 02/23/11, revealed "mood and behavior problems" related to socially inappropriate behaviors of yelling and being resistive to care. Physical/verbal abuse and wandering were added to the care plan on 08/31/11. Interventions included if the resident exhibited abusive behavior toward the staff and was resistive to care, to stop and try again later, if he/she refused care, get another staff member to try to approach the resident.</p> <p>A review of the significant change Minimum Data Set (MDS), dated 09/09/11, revealed the resident to be cognitively intact with a Brief Interview Mental Status (BIMS) score of 13, and required limited assistance of two staff for ambulation while up in the corridor.</p> <p>An interview with Resident #1, on 09/27/11 at 9:30 AM, revealed he/she felt he/she was not being treated with respect, due to receiving injections after he/she refused them. The resident stated the injections do not make him/her feel any better.</p> <p>A review of the nurses' notes, dated 09/08/11 at 6:00 PM, revealed Resident #1 became agitated and was not easily redirected by the staff. The</p>	F 222	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>orders are written appropriately and only after non-pharmacological interventions were attempted. Any issues will be corrected when found. Theses reviews will be presented to the Facility QA Committee no less than quarterly. The use of psychotropic IM medicines pm will be discussed daily during the AM awareness meeting by Administrative nursing staff to determine need / appropriate administration. All findings will be reported no less than quarterly to the QA committee X 3 quarters</p> <p>5. Completion Date: 10/29/2011</p>	

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F 222	<p>Continued From page 12</p> <p>physician was notified and an order for Ativan 2 milligrams (mg) intramuscular (IM) injection, one time dose, was received. On 09/09/11 and 09/23/11, Resident #1 was administered Risperdal Consta 12.5 mg IM, and on both dates documentation revealed the resident was resistive. On 09/23/11 at 7:30 PM, documentation revealed two SRNAs were required to assist in order to administer the injection.</p> <p>An interview with State Registered Nurse Aide (SRNA #2), on 09/28/11 at 1:55 PM, revealed, on 09/08/11 at 6:45 PM, she and SRNA #3 held Resident #1's arms as Licensed Practical Nurse (LPN) #1 administered an injection. She stated the resident tried to throw her off because he/she did not agree to the injection.</p> <p>An interview with SRNA #3, on 09/29/11 at 10:50 AM, revealed, on 09/08/11 at 6:45 PM, he was told by SRNA #2 that his assistance was needed, because Resident #1 was going to receive an injection. He stated LPN #1, the Admissions Director and SRNA #2 were in Resident #1's room when he arrived, and the resident was seated in a wheelchair. He stated the resident told the staff that he/she was not going to take the injection. LPN #1 told SRNA #3 and SRNA #2 to assist the resident to a standing position, and then she would administer the injection. He stated he stood on the right side of the resident while SRNA#2 stood on the left side of the resident. They counted to three (3) and assisted the resident to a standing position. He stated the resident did not resist or try to fight them; however, they held on to his/her arms to keep the resident from swinging at them, because he/she did not want the staff anywhere near him/her at</p>	F 222	

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F 222	<p>Continued From page 13 that time.</p> <p>An interview with LPN #1, on 09/27/11 at 4:40 PM, revealed, on 09/08/11 at 6:45 PM, Resident #1 refused the Ativan injection and refused to stand. Two staff members assisted the resident to stand up by supporting him/her under the arms, while she administered the IM injection. She stated she did not consider holding the resident a restraint; however, she stated she should not have done that.</p> <p>An interview with SRNA #1, on 09/28/11 at 1:15 PM, revealed, on 09/23/11 at 7:30 PM, she assisted to hold the resident as he/she was administered an IM injection. She stated the resident did not like it at all. She stated the resident asked the reason for getting the injection and was told by LPN # 2 that the physician ordered the injection. She stated the resident did not strike out during the administration of the injection; however, he/she was angry the remainder of the night.</p> <p>An interview with Certified Medication Technician (CMT) # 2, on 09/28/11 at 2:05 PM, revealed, on 09/23/11 at 7:30 PM, Resident #1 was "irate." She provided assistance while LPN #2 administered an injection to the resident. The resident told them he/she did not want an injection. She stated she held the resident's arm with one hand and held the gait belt with the other hand. She stated the resident was not resistive once he/she stood up; however, after the injection, the resident pointed at the nurse and the CMT and raised his/her voice to them.</p> <p>An interview with LPN# 2, on 09/22/11 at 3:00</p>	F 222	

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F 222	<p>Continued From page 14</p> <p>PM, revealed, on 09/09/11 at 7:30 PM, as she attempted to administer an injection of Risperdal Consta IM to Resident #1. He/she raised his/her voice at LPN #2 to get away from him/her, and stated he/she did not want it. LPN #2 stated two SRNAs held the resident while she administered the injection, but she did not recall who they were. Additionally, she stated Resident #1 refused the IM injection on 09/23/11; however, she administered the IM injection to the resident with the assistance of two SRNAs, who assisted the resident to stand up.</p> <p>2. A record review revealed Resident #4 was admitted to the facility on 08/05/10 with diagnoses to include Atrial Fibrillation, Alzheimer's Disease, Parkinson's Disease, Insomnia and Psychosis.</p> <p>An observation, on 09/28/11 at 8:40 AM, revealed Resident #4 was sitting upright in a chair in his/her room, pleasant and cooperative, with no complaints voiced.</p> <p>A review of Resident #4's annual MDS, dated 09/22/10, revealed Resident #4 was moderately cognitively impaired with verbally and physical abusive behaviors and resistive to care.</p> <p>A review of Resident #4's Comprehensive Care Plan, last updated 02/23/11, revealed "mood state and behavior problems per history" and with a diagnosis of Psychosis. The care plan included a problem for resisting care and medications with interventions to include, "Avoid power struggles with him/her. If he/she refused care stop and try again later. If he/she still refuses try another staff member. Allow resident to have control over situations, if possible."</p>	F 222		

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F 222 Continued From page 15

A review of the nurses' notes, dated 02/06/11 at 8:15 PM, revealed Resident #4 refused his/her oral (po) bedtime (HS) medications. Resident #4's daughter encouraged the resident to take the medications, but without success. A Geodon IM injection was administered at that time due to combativeness.

A review of the nurses' notes, dated 02/08/11 at 11:00 AM, revealed the resident was verbally aggressive toward the staff, experienced hallucinations and refused care. The physician was notified and an order was received to administer Geodon 20 milligrams (mg) IM every HS until the resident was more cooperative.

A review of the nurses' notes, dated 02/09/11 at 9:00 PM, revealed Resident #4 refused his/her po medications. Geodon IM was administered to the resident, with the assistance of four (4) staff, due to his/her combativeness. There were no documented attempts to assess or intervene prior to the administration of the IM injection. A review of the "Behavior Detail Report," dated 02/09/11, revealed Resident #4 exhibited no behaviors at that time.

A review of the nurses' note, dated 02/11/11 at 9:00 PM, revealed Resident #4 refused his/her evening (PM) medications. Further review revealed Geodon IM was administered at that time. There was no documented attempts of an assessment or intervention prior to the administration of the injection. A review of the "Behavior Detail Report," dated 02/11/11, revealed Resident #4 exhibited no behaviors at that time.

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F 222 Continued From page 16

F 222

A review of the nurses' note, dated 02/12/11 at 11:30 PM, revealed Resident #4 was alert but delusional, combative with care, and refused to go to bed, and Geodon IM was administered at that time. There was no documented attempts of an assessment or intervention prior to the administration of the injection. A review of the "Behavior Detail Report," dated 02/12/11, revealed Resident #4 exhibited no behaviors at that time.

A review of the nurses' note, dated 02/07/11 and 02/13/11, revealed there was no evidence of interventions attempted, or evidence of behaviors noted, at the time Geodon IM was administered. A review of the "Behavior Detail Report," dated 02/07/11 and 02/13/11, revealed no behaviors were exhibited at the time Geodon IM was administered.

A review of the nurses' note, dated 02/14/11 at 9:30 PM, revealed Resident #4 was combative, refused to lay down in the bed, and required assistance of three staff to administer the routine Geodon IM injection. There was no evidence interventions attempted prior to the administration of the IM injection. A review of the "Behavior Detail Report," dated 02/14/11, revealed no behaviors were exhibited at that time.

A review of the nurses' note, dated 02/15/11 at 9:45 AM, revealed Resident #4 was confused, being combative with staff and grabbing a staff member's hair. The physician was notified about the resident's behaviors and a Geodon IM "now" order was received. Geodon IM was administered at 11:30 AM with the assistance of three staff. A

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F 222	<p>Continued From page 17</p> <p>review of the "Behavior Detail Report," dated 02/15/11, revealed no behaviors were exhibited at that time.</p> <p>A review of the nurses' note, dated 02/16/11 at 7:30 AM, revealed Resident #4 was combative with staff, and was transferred to a psychiatric facility at 1:00 PM.</p> <p>An interview with LPN #5, on 09/29/11 at 8:06 AM, revealed she administered Geodon IM injections to Resident #4 on a couple of occasions. She revealed Resident #4 refused the injection; however, it was administered because it was a physician's order and considered to be medically necessary at the time. She believed the injection would help to control the resident's agitative behaviors. She stated she should have contacted the physician when the resident refused the medication. LPN #5 revealed interventions were attempted prior to the administration of the IM medication; however, she could provide no evidence of any other interventions attempted prior to the administration of the IM medication.</p> <p>An interview with LPN #3, on 09/29/11 at 9:25 AM, revealed she administered Geodon IM because the resident was "an endangerment" to the staff. She stated Resident #4 was resistive and did not want the IM injection, so it required assistance of three staff to administer the IM injection. Additionally, she stated the resident had the right to refuse, but she considered Resident #4 as "an endangerment" to the staff at the time.</p> <p>An interview with SRNA #6, on 09/29/11 at 2:50 PM, revealed she was present when Resident #4</p>	F 222	

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F 222	<p>Continued From page 18</p> <p>received the IM injections. She stated she was called by the nurse to help hold his/her arms because Resident #4 was swinging at them.</p> <p>An interview with SRNA #9, on 09/29/11 at 4:18 PM, revealed she was present when the nurse administered medications to Resident #4. The resident was confused and refused his/her medications. Several staff members held Resident #4 while the nurse administered the IM medication.</p> <p>An interview with Registered Nurse (RN) #3, on 09/29/11 at 3:00 PM, revealed there was a physician's order to administer Geodon IM if the resident refused his/her po medication. She stated the resident refused the IM injection but still received the medication, which required the assistance of three staff to administer. She stated she did not contact the physician and did not consider the IM injection a chemical restraint. Additionally, she stated the resident had the right to refuse as long as he/she was of "sound mind."</p> <p>An interview with LPN #2, on 09/29/11 at 3:27 PM, revealed Resident #4 had two options at one time, to receive Geodon po or Geodon IM. On one occasion, it required four staff members to administer a Geodon IM injection. She stated Resident #4 had a right to refuse medications but wanted to prevent injury to self and others. She stated she attempted interventions, but was unsuccessful. It was at the nurses's discretion whether or not to administer the Geodon injection.</p> <p>An interview with the Director of Nursing (DON), on 09/29/11 at 4:46 PM, revealed it was not</p>	F 222	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor, are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>F - 226 Glasgow Health and Rehabilitation Facility makes every effort to ensure that the proper implementation of policies/procedures to prohibit misappropriation within the facility.</p> <ol style="list-style-type: none"> <li>1. The resident's five dollars was returned to 9/28/2011</li> <li>2. An audit was completed by the Dir. Social Services, 10/19/2011 consisting of a review of all grievance forms for past 6 months to ensure that appropriate interventions were implemented and followed.</li> <li>3. The Director of Social Services was re-educated, 10/19/2011 by the DON and Administrator regarding the proper administrative responsibilities and investigative procedure.</li> <li>4. The Director of Social Services will review all grievance forms weekly to ensure appropriate interventions are implemented and followed.</li> </ol>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/30/2011
NAME OF PROVIDER OR SUPPLIER  GLASGOW HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 220 WESTWOOD ST. GLASGOW, KY 42141	
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F 222	Continued From page 19 routine practice to have as needed (PRN) IM psychotropics. She expected the staff to attempt interventions before administration of the IM medication. She did not expect the staff to notify the physician if they tried other interventions. If it was a pattern of refusing medications, she expected the staff to contact the resident's physician. She stated a resident had a right to refuse medications and they should not administer injections if Resident #4 refused the medication. She was not aware that staff held the residents to administer IM injections. Once the resident refused the medication, the medication should not be administered. She considered holding a resident down as a physical restraint, but did not consider Geodon to be a chemical restraint because it did not restrict his/her activities of daily living. She did not consider it appropriate to give IM medications if the resident refused his/her po medications.  An interview with Resident #4's physician, on 09/29/11 at 3:48 PM, revealed Resident #4 had a history of refusing medications and psychotic behavior. He considered a resident's uncooperative behavior as assaultive and disruptive. He did not feel Geodon was a chemical restraint because it gave the resident the greatest freedom. He expected the staff to notify him if the resident exhibited assaultive behavior and was aware the staff held Resident #4 to administer IM injections.	F 222	<i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i>  Social Service Director will report findings no less than quarterly to facility QA committee X 6 months. 5. Completion Date: 10/20/2011
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents	F 226	

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F 226	<p>Continued From page 20 and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy/procedure and interview, it was determined the facility failed to ensure implementation of policies/procedures to prohibit misappropriation for one resident (#16), not in the selected sample. Resident #16 reported money missing to the Administrative staff and the allegation was not investigated, as well as no reimbursement of the missing money.</p> <p>The findings include:</p> <p>A review of the facility's policy/procedure, "Abuse Prohibition," and a review of the "Administrative Responsibility and Investigation Procedures" section, dated 02/03, revealed, "the Administrator and supervisory staff and/or governing body shall make all reasonable efforts to address and investigate concerns or grievances presented to them."</p> <p>A record review revealed Resident #16 was admitted to the facility on 05/25/11 with diagnoses to include Depressive Disorder, Convulsions, Dementia and Debility.</p> <p>An interview with Resident #16, on 09/27/11 at 3:44 PM, revealed he/she had five dollars missing and was unsure how it went missing. He/she stated the missing money was reported to the Social Services Director approximately two weeks ago, but had not heard the results of an investigation.</p>	F 226	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>F - 253 Glasgow Health and Rehabilitation Facility strives to provide housekeeping services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <ol style="list-style-type: none"> <li>1. Resident bath basins, graduates, urinals and bed pans that did not have proper resident identification were disposed of by SRNA 10/18/2011 and replaced with new ones properly labeled with the resident's name. Resident bed pans, urinals and graduates were covered, and supplies stored properly on 10/18/2011.</li> <li>2. An audit of all facility rooms was conducted, 10/18/11 by assigned SRNA to dispose of improperly labeled supplies.</li> <li>3. Facility In-services were conducted, 9/29/2011 by DON for all SRNAs with regards to the proper labeling/storage of supplies.</li> <li>4. The facility Restorative nurse will conduct a weekly audit consisting of 10 randomly</li> </ol>	

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NAME OF PROVIDER OR SUPPLIER  GLASGOW HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 220 WESTWOOD ST. GLASGOW, KY 42141	
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F 226	Continued From page 21  An interview with the Social Services Director, on 09/29/11 at 10:11 AM, revealed in the case of an allegation of misappropriation, she spoke with the resident and the staff on the floor, filled out a grievance form, and then the money would be replaced. This allegation was reported to her by Resident #16, on 09/06/11, but no formal investigation was completed nor was the money replaced.  An interview with the Director of Nursing (DON), on 09/29/11 at 4:46 PM, revealed if an allegation of misappropriation of property occurred, it was turned over to Social Services to investigate and the money was to be reimbursed if the facility was unable to locate it. She expected the investigation to be completed within a few days.	F 226	<i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i>  selected residents to check for the proper labeling/storage of supplies, and report findings to facility QA committee no less than quarterly X 6 months. 5. Completion Date: 10/19/2011
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES  The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.  This REQUIREMENT is not met as evidenced by: Based on observation, review of the facility's policy/procedure and interview, it was determined the facility failed to provide housekeeping services necessary to maintain a sanitary, orderly, and comfortable interior as evidenced by improper storage of bedpans, urinals and bath basins.	F 253	

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F 253 Continued From page 22

The findings include:

1. Observations in Room #2, on 09/27/11 at 3:05 PM, on 09/28/11 at 8:30 AM, and on 09/29/11 at 9:05 AM, revealed there were two uncovered bedpans, without any identification listed on it, stored in the resident's bathroom.
2. Observations in Room #13, on 09/27/11 at 10:22 AM and 3:07 PM, on 09/28/11 at 8:32 AM, and on 09/29/11 at 8:48 AM, revealed there was a covered bedpan without any identification listed on it, stored in the resident's bathroom.
3. Observations in Room #14, on 09/27/11 at 9:58 AM and 3:09 PM, on 09/28/11 at 8:34 AM, and on 09/29/11 at 8:35 AM, revealed there was an uncovered bedpan, without any identification listed on it, stored in the resident's bathroom.
4. Observations in Room #16, on 09/27/11 at 10:03 AM and 3:10 PM, on 09/28/11 at 8:47 AM, and on 09/29/11 at 8:36 AM, revealed there was an uncovered graduated cylinder and two covered urine specimen containers, without any identification listed on them, stored in the resident's bathroom.
5. Observations in Room #101, on 09/27/11 at 10:42 AM, revealed a urinal by the resident's bedside without any identification listed on it.
6. Observations in Room #136, on 09/27/11 at 10:46 AM and 3:13 PM, on 09/28/11 at 8:38 AM, and on 09/29/11 at 9:20 AM, revealed an uncovered bath basin, stored on top of the resident's dresser.

F 253

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F - 278

Glasgow Health and Rehabilitation Facility makes every attempt to ensure that assessments accurately reflect the resident's status related to activities of daily living (ADLs) and falls.  
1. The quarterly assessment for resident #7 with ARD 7/24/2011 was modified 10/18/2011. The correct information was entered by facility MDS coordinator to reflect the assistance needed when eating. There was only one instance documented of resident #7 needing two-person assist with eating. The staff member who documented the two-person assistance with eating is no longer employed by the facility. SRNAs who routinely fed this resident were interviewed and reported that resident #7 never requires

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F 253	<p>Continued From page 23</p> <p>Interviews with four State Registered Nurse Aides (SRNAs #4, #5, #6 and #7) on 09/29/11 at 2:35 PM, 2:43 PM, 2:47 PM, and 2:50 PM, respectively, revealed bath basins were supposed to be cleaned after each use, labeled, and were to be stored in special bags.</p> <p>An interview with two Registered Nurses (RNs #2 and #3), on 09/29/11 at 2:48 PM and 3:00 PM, respectively, revealed they expected staff to clean, label and cover bath basins and bed pans appropriately.</p> <p>An interview with the Director of Nursing (DON), on 09/29/11 at 4:46 PM, revealed she expected the staff to cover and label the bedpans appropriately. She expected the staff to label and store bath basins out of eyesight.</p>	F 253	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction:</i></p> <p>assistance of more than one person for eating. Annual assessment for resident #8 with ARD 12/3/2010, was modified by facility MDS coordinator with correct information regarding injury from fall.</p> <p>2. An audit was performed 10/19/2011 by MDS coordinator for 10 residents MDSs to compare entered information on MDS to ADL flow sheet for accuracy. The audit also compared the number of falls with the effect the fall had on the resident.</p> <p>3. The facility consultant in-serviced all SRNAs, 9/2/2011 with regards to accurate ADL documentation. MDS coordinator was counseled by DON on 10/19/2011 regarding the close review of information prior to, and after entering into MDS and to consistently check the information after completing MDS.</p> <p>4. ADON/designee will review 3 MDS assessments weekly for accuracy and discuss</p>	
F 278 SS=D	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and</p>	F 278		

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F 278	<p>Continued From page 24</p> <p>false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure the assessments accurately reflected the resident's status for two residents (#7 and #8), in the selected sample of fifteen (15), related to activities of daily living (ADLs) and falls.</p> <p>The findings include:</p> <p>1. A record review revealed Resident #7 was admitted to the facility on 05/02/08 with diagnoses to include Cerebral Vascular Accident, Alzheimer's, Dementia, Hemiplegia and Anxiety disorder.</p> <p>A review of the quarterly Minimum Data Set (MDS), completion date 07/24/11, revealed the resident required limited assistance of two (2) staff with eating.</p> <p>An interview with Registered Nurse (RN) #6, MDS Coordinator, on 09/29/11 at 11:10 AM, revealed</p>	F 278	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>findings with the DON. ADON/designee will report findings no less than quarterly to facility QA committee X 3 months.</p> <p>5. Completion Date: 10/20/2011</p>

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F 278	<p>Continued From page 25</p> <p>she was responsible for completing the section related to ADLs. She reviewed the quarterly MDS, with the completion date of 07/24/11, and the section related to eating. She stated a combative resident may require two staff for eating; however, it was not required for two staff to assist Resident #7 to eat.</p> <p>2: A record review revealed Resident #8 was admitted to the facility on 07/02/08, with diagnoses to include Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Senile Dementia, Depressive Disorder and Anxiety Disorder.</p> <p>A review of the annual MDS, completion date 12/09/10, revealed the resident had falls since being admitted to the facility or since a prior assessment. However, it was coded as "0" on the MDS, whether Resident #8 had an injury or had no injury.</p> <p>An interview with RN #6, MDS Coordinator, on 09/29/11 at 4:45 PM, revealed a "1" should be coded in the falls section to specify if there was an injury. She was unsure how the MDS program allowed her to transmit the MDS without coding properly.</p>	F 278	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>F - 279 Glasgow Health and Rehabilitation Facility makes every effort to develop a comprehensive care plan with specific approaches related to psychotropic medications.</p> <p>1. Adverse reaction care plans for residents #7 and #11 were added, 10/18/2011 by MDS coordinator.</p> <p>2. An Audit will be completed 10/27/2011 for all residents receiving psychotropic medications by the facility MDS coordinator for adverse reaction care plans.</p> <p>3. In-service provided to MDS coordinator by DON, 10/19/2011 regarding the initiation of care plans on residents with psychotropic medications.</p> <p>4. A Quality assurance study will be conducted by ADON/designee to review each resident, no less than quarterly by care plan team to ensure residents are care</p>
F 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's</p>	F 279	

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NAME OF PROVIDER OR SUPPLIER  GLASGOW HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 220 WESTWOOD ST. GLASGOW, KY 42141		
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F 279	<p>Continued From page 26</p> <p>medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined the facility failed to develop a comprehensive care plan with specific approaches for two residents (#7 and #11), in the selected sample of fifteen (15), related to psychotropic medications.</p> <p>The findings include:</p> <p>1. A record review revealed Resident #7 was admitted to the facility on 05/02/08 with diagnoses to include Cerebral Vascular Accident, Alzheimer's, Dementia, Hemiplegia and Anxiety disorder.</p> <p>A review of the physician's orders, dated 09/11, revealed Resident #7 received Celexa 40 milligrams (mg) one (1) tablet by mouth (po) once daily.</p>	F 279	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>planned appropriately. ADON/designee will report findings to the QA committee no less than quarterly X 6 months.</p> <p>5. Completion Date: 10/28/2011</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/30/2011
NAME OF PROVIDER OR SUPPLIER  GLASGOW HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 220 WESTWOOD ST. GLASGOW, KY 42141	
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F 279	Continued From page 27 A review of nursing care plans, with a revision date of 09/21/11, revealed there was no evidence of a psychotropic medication care plan implemented for Resident #7.  2. A record review revealed Resident #11 was admitted to the facility on 12/29/10 with diagnoses to include Depression.  A review of the physician's orders, dated 09/11, revealed Resident #11 received Celexa 20 mg one (1) tablet po once daily.  A review of nursing care plans, with a revision date of 09/07/11, revealed there was no evidence of a psychotropic medication care plan implemented for Resident #11.  An interview with Registered Nurse (RN) #6, Minimum Data Set (MDS) Coordinator, on 09/29/11 at 11:10 AM, revealed she was responsible for implementing the psychotropic medication care plan for Resident #7 and Resident #11; however, she could provide no explanation as to why these were not completed.  An interview with the Director of Nursing (DON), on 09/29/11 at 4:46 PM, revealed she expected care plans to be in place for the residents who received psychoactive medications.	F 279	<i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i>	
F 281 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	F 281	F - 281 Glasgow Health and Rehabilitation Facility strives to provide services to meet professional standards of quality. 1. Oxygen was adjusted at time of finding on resident #3. MDs were notified of timeliness of medication administration to resident #4. Resident #11 had BS monitored routinely throughout the day on day of occurrence. 2. All nurses and CMTs were audited the week of 10/18/2011 through 10/22/2011 for time compliance with medication pass and proper administration of Oxygen and insulin by DON, Nurse manager. 3. In-service was conducted 9/29/2011 for Nursing staff on Administration and regulation of Oxygen, medication compliance, and administration of insulin by DON. 4. Pharmacy personnel to audit nurse/CMT	

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F 281	<p>Continued From page 28</p> <p>by: Based on observation, record review and interview, the facility failed to provide services to meet professional standards of quality for three (3) residents (#3, #4 and #11), in the selected sample of fifteen (15). The failure resulted in Resident #3's improper oxygen (O2) administration, and Resident #4's improper medication administration technique. Additionally, Resident #11 was administered insulin from an unlabeled, prefilled syringe.</p> <p>The findings include:</p> <p>1. A record review revealed Resident #3 was admitted to the facility on 03/31/10 with diagnoses to include Chronic Obstructive Pulmonary Disease (COPD), Dementia, Urinary Retention, Neurogenic Bladder and Hydronephrosis.</p> <p>An observation, on 09/27/11 at 10:15 AM, revealed Resident #3 was in his/her wheelchair with an O2 setting of 4 LPM via nasal cannula. Further observation, on 09/28/11 at 7:49 AM, revealed he/she was sitting in his/her wheelchair with the portable O2 set on zero (0) LPM. A review of physician's orders, dated 09/11, revealed O2 at two (2) LPM via nasal cannula.</p> <p>An interview with State Registered Nurse Aide (SRNA) #8, on 09/28/11 at 8:05 AM, revealed the O2 setting was on zero (0) and proceeded to change the setting to two (2) LPM. SRNA #8 revealed "anyone can hook it up and turn it on, aides, nursing, anyone."</p> <p>An observation, on 09/29/11 at 9:50 AM, revealed Resident #3 was in his/her room with the O2</p>	F 281	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>monthly for insulin preparation and medication time compliance and report findings to DON. DON will present findings to facility QA committee no less than quarterly X 6 months.</p> <p>5. Completion Date: 10/23/2011</p>

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NAME OF PROVIDER OR SUPPLIER  <b>GLASGOW HEALTH &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>220 WESTWOOD ST. GLASGOW, KY 42141</b>
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F 281	<p>Continued From page 29</p> <p>setting at three (3) LPM via nasal cannula.</p> <p>An interview with SRNA #2, on 09/29/11 at 10:00 AM, revealed the setting was on "two (2) and a half (1/2) LPM," and proceeded to adjust the setting to two (2) LPM, per physician's orders.</p> <p>An interview with Registered Nurse (RN) #4, on 09/29/11 at 10:05 AM, revealed the "SRNAs can switch residents from portable oxygen to the concentrators and vice versa when they get the residents up and assist them back to bed. The SRNAs adjust the settings accordingly." RN #4 revealed she usually checked the settings on the concentrators at the time of O2 saturation checks, and the SRNA care plan included the correct settings.</p> <p>2. A review of the facility's policy/procedure, related to Medication Administration, undated, revealed "medications are administered within 60 minutes of the scheduled time, except before or after meal orders, which are administered based on mealtimes."</p> <p>A record review revealed Resident #4 was admitted to the facility on 04/03/11 with diagnoses to include Syncope and Collapse, Atrial Fibrillation, Hypertension (HTN) and Cerebral Arterial Occlusion with Infarct.</p> <p>A review of the medication administration record (MAR), dated 09/11, revealed Resident #4 received Lotensin 20 milligrams (mg) one (1) tablet by mouth (po) every day at 9:00 AM and Cardizem CD 240 mg, one (1) capsule po daily at 9:00 AM.</p>	F 281		
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<p>F 281 Continued From page 30</p> <p>An interview with Resident #4, on 09/30/11 at 10:50 AM, revealed he/she did not receive his/her AM medications.</p> <p>An interview with Licensed Practical Nurse (LPN) #1, on 09/30/11 at 11:00 AM, revealed she had not administered AM medications to Resident #4 yet. She stated, "I know I am out of compliance. I am going to call the physician and see if it is okay to give the medications late." She further stated, "I have not given medications in a long time."</p> <p>An interview with the Director of Nursing (DON), on 09/30/11 at 11:20 AM, revealed, as Certified Medication Technicians (CMTs) leave employment with the facility, nurses will be utilized to give medications, so "they will be in the habit of giving medications." Additionally, she stated, "If a nurse is behind in giving medications, she can always call me or another nurse to help her give the medications."</p> <p>3. A review of the facility's policy/procedure "Medication Administration - General Guidelines," undated, revealed "medications are administered at the time they are prepared."</p> <p>A record review revealed Resident #11 was admitted to the facility on 12/29/10 with diagnoses to include Diabetes Mellitus Uncontrolled.</p> <p>A review of a physician's order, dated 09/11, revealed Resident #11 was to have an accucheck prior to meals and at bedtime (HS), and Novolin R insulin was to be administered per sliding scale accordingly. The resident's blood sugar was 237 when checked prior to the AM meal and the</p>	<p>F 281</p> <p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>F - 309</p> <p>Glasgow Health and Rehabilitation Facility makes every effort to provide the necessary care and services to ensure the resident obtains optimal improvement or does not deteriorate within the limits of a resident's right to refuse treatment, related to thoroughly assessing a change in condition.</p> <p>1. Nurse practitioner for resident #6 was notified 6/14/2011, by LPN supervisor regarding the resident's acute findings. RN was counseled by DON, 6/15/2011 regarding proper assessment and timely notification of change.</p> <p>2. On 10/9/2011, DON reviewed minutes from awareness meeting and report sheets over past month to determine if any change in condition was assessed timely and MD was notified timely.</p> <p>3. An In-service for all licensed staff was completed by the DON, 9/29/2011 on assessments of acute condition and timely notifications.</p> <p>4. Facility nurse manager will review 24</p>
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F 281	<p>Continued From page 31</p> <p>sliding scale order indicated four (4) units of Regular insulin should be administered.</p> <p>An observation of a medication pass, on 09/28/11 at 7:45 AM, revealed three (3) unlabeled insulin syringes were in opened syringe packages and had names written on the opened package lying on top of the medication cart. RN #4 administered one of the unlabeled syringes of insulin to Resident #11 in the left upper arm.</p> <p>An interview with RN #4, at the time, revealed she routinely prepared the resident's insulin injections ahead of time, because mornings were so busy and she was trying to save time. RN #4 stated she did not label the insulin syringes but labeled the opened package the syringe came from. She placed the prefilled syringe in the opened package and wrote the resident's name on it, but did not identify the type of insulin in the syringe.</p> <p>An interview with the DON, on 09/28/11 at 10:45 AM, revealed she expected the nurses to prepare insulin injections prior to administration and not to administer the insulin with unlabeled syringes which could have a potential for error.</p>	F 281	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>hour reports weekly X 4, then monthly X 3 to ensure that all conditions are assessed appropriately and follow up occurs timely. Nurse manager will report findings to the facility QA committee no less than quarterly X 2.</p> <p>5. Completion Date: 10/10/2011</p>
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p>	F 309	

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NAME OF PROVIDER OR SUPPLIER  GLASGOW HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 220 WESTWOOD ST. GLASGOW, KY 42141		
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F 309	<p>Continued From page 32</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide the necessary care and services to ensure the resident obtained optimal improvement or did not deteriorate within the limits of a resident's right to refuse treatment, related to the failure to thoroughly assess a change in condition for one (1) resident (#6), in the selected sample of fifteen (15).</p> <p>The findings include:</p> <p>A record review revealed Resident #6 was admitted to the facility on 10/02/09 with diagnoses to include Depression with Psychosis, Hypertension (HTN), Osteoarthritis, Diabetes Mellitus and Schizophrenia.</p> <p>A review of the nurses' notes, dated 05/23/11 at 2:30 AM, revealed Licensed Practical Nurse (LPN) #4 documented "resident's left foot/ankle noted with edema." There was no evidence of any further assessment noted, until 06/14/11 at 6:30 AM, when LPN #4 documented "resident noted to have swollen left foot/ankle. No redness/bruising noted. Range of motion within normal limits. Resident denies pain with movement. Slight tenderness with touch. Reported to Registered Nurse (RN) #5 to follow up with physician." Further review of the nurses' notes revealed there was no notification made to Advanced Practice Registered Nurse (APRN) #2, until 06/14/11 at 7:30 PM. An x-ray of the left foot/ankle was to be completed the following morning.</p> <p>A review of an x-ray report, dated 06/15/11,</p>	F 309	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>F - 315 Glasgow Health and Rehabilitation strives to provide appropriate treatment and services to prevent urinary tract infections related to foley catheter care.</p> <ol style="list-style-type: none"> <li>1. Facility RN changed BSB to leg bag for resident #3, 9/9/2011 as ordered and care planned.</li> <li>2. A Facility chart audit was conducted by facility nurse manager, 10/19/2011 for all residents with an indwelling foley catheter to ensure that all interventions are in place.</li> <li>3. A Facility In-service for all nursing staff was conducted by DON, 10/19/2011 regarding following the resident Plan of Care and SRNA worksheets.</li> <li>4. Administrative nurses to discuss new orders for foley catheters during the AM awareness meeting weekly X6, then monthly X3 to ensure proper diagnosis and</li> </ol>	

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F 309	<p>Continued From page 33</p> <p>revealed a left non-displaced distal fibular fracture. A referral to orthopedics was made at that time.</p> <p>An interview with LPN #4, on 09/29/11 at 9:00 AM, revealed she could not recall the incident on 05/23/11; however, she recalled therapy informed her on the morning of 06/14/11 about Resident #6 "hollering out." LPN #4 stated she expected assessments and physician notification to be completed for any resident's change in condition, but she could not recall the reason for not doing so on 05/23/11.</p> <p>An interview with the Director of Nursing (DON), on 09/29/11 at 5:05 PM, revealed she expected the staff to follow up with the physician with any change in condition.</p>	F 309	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>interventions. Findings will be reported by ADON/designee to the facility QA committee no less than quarterly X 3.</p> <p>5. Completion Date: 10/20/2011</p>	
F 315	<p>483.25(d) NO CATHETER, PREVENT UTI, SS=D RESTORE BLADDER</p> <p>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 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, record review and interview, the facility failed to provide appropriate treatment and services to prevent urinary tract</p>	F 315		

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F 315	<p>Continued From page 34</p> <p>infections (UTIs) related to foley catheter care for one (1) resident (#3), in the selected sample of fifteen (15).</p> <p>The findings include:</p> <p>A record review revealed Resident #3 was admitted to the facility on 03/31/10 with diagnoses to include Dementia, Chronic Obstructive Pulmonary Disease (COPD), Urinary Retention, Neurogenic Bladder and Hydronephrosis.</p> <p>A review of physician's orders, dated 09/11, revealed "leg bag for catheter while up in chair. Anchor catheter to leg."</p> <p>A review of the Comprehensive Care Plan, dated 08/27/11, revealed the resident was to have a leg bag for the foley catheter while up in the wheelchair, and to anchor the catheter to the resident's leg.</p> <p>Observations, on 09/27/11 at 2:44 PM and 4:37 PM, on 09/28/11 at 7:49 AM, and on 09/29/11 at 9:50 AM, revealed the resident was sitting up in his/her wheelchair with a foley catheter drainage bag hanging on the back of the wheelchair.</p> <p>An interview with Registered Nurse (RN) #4, on 09/29/11 at 10:05 AM, revealed the resident did not have a leg bag as ordered, and stated "I'll change that right now."</p> <p>An interview with the Director of Nursing (DON), on 09/29/11 at 5:05 PM, revealed her expectation was for the leg bag to go back on as ordered, before the resident went back to bed as to prevent any backflow of urine.</p>	F 315	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>F - 323</p> <p>Glasgow Health and Rehabilitation Facility strives to ensure the environment remains as free from accident hazards as is possible and that each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>1. The DON and wound care nurse reviewed the need for the low air loss mattress for resident #2, 10-3-11. The DON and wound care nurse reviewed the resident fall risk assessment, the risk for skin breakdown, the skin assessment and the need for a side-rail assessment. It was determined that bolsters on the mattress were a safe alternative for her use. The settings on the low air loss mattress were verified as correct. A lock was purchased and installed on the biohazard storage doors, 9-30-11.</p> <p>2. All residents on specialty mattress were reviewed by the wound nurse by 11-11-11 to determine if the mattresses and other additions to the mattresses were indeed</p>	
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NAME OF PROVIDER OR SUPPLIER  GLASGOW HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 220 WESTWOOD ST. GLASGOW, KY 42141
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F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, it was determined the facility failed to ensure the environment remained as free from accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents for one resident (#2), in the selected sample of fifteen (15). The facility failed to ensure Resident #2 was properly assessed for the safe use of an air mattress. Additionally, the facility failed to ensure hazardous waste material was safely contained when placed outside the building awaiting pick-up.</p> <p>The findings include:</p> <p>1. A record review revealed Resident #2 was admitted to the facility on 08/18/11 with diagnoses to include Alzheimer's Disease with Behavior Disturbances, Anemia, History of Gastrointestinal Malignancy, Anemia, Decubitus Ulcer on the heel, buttocks and hip.</p> <p>A review of the admission Minimum Data Set (MDS), dated 08/29/11, revealed the facility</p>	F 323	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>necessary and if the resident safety was ensured. The wound nurse reviewed the fall risk assessments, the risk for skin breakdown assessment, the skin assessments, any side-rail assessments completed and the settings on all the mattresses. Any indicated changes were made at that time.</p> <p>3. Beginning 11-11-11, the use of any additions to a mattress or the use of a specialty mattress will require the review of the fall risk assessment, the risk for skin breakdown assessment, the skin assessment and completion of a side-rail screen. The review will be the responsibility of the wound care nurse. The wound care nurse is also responsible for determining the appropriate setting of any low air loss mattress. Nursing staff were in-serviced on 10-20-11 by the LPN supervisor with regards to the residents current low air loss mattress settings. The operating manual information was reviewed. The low air loss</p>	

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NAME OF PROVIDER OR SUPPLIER  GLASGOW HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 220 WESTWOOD ST. GLASGOW, KY 42141
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F 323	<p>Continued From page 36</p> <p>assessed Resident #2 to require extensive assistance of two staff for bed mobility, transfer, dressing, toilet use and bathing.</p> <p>A review of the Comprehensive Care Plan, revision date of 09/07/11, revealed Resident #2 was at risk for falls related to weakness, decreased abilities, unaware of his/her safety needs and a history of falls.</p> <p>A review of nurses' note, dated 09/04/11 at 3:30 AM, revealed Resident #2 experienced a fall from the specialty air mattress (SCM Low Air Loss mattress).</p> <p>Observations, on 09/27/11 at 9:50 AM, on 09/27/11 at 2:55 PM, and on 09/28/11 at 8:35 AM, revealed Resident #2 was observed lying on a SCM Low Air Loss mattress at a setting of "5 Float."</p> <p>Further record review revealed there was no documented evidence Resident #2 was assessed for the safe use of the specialty air mattress.</p> <p>An interview with Licensed Practical (LPN) #3, on 09/29/11 at 8:20 AM, revealed she could provide no documentation related to an assessment for the risk versus benefit of the specialty air mattress.</p> <p>An interview with the Director of Nursing (DON), on 09/28/11 at 8:40 AM, revealed an assessment for the safe use of a specialty air mattress for Resident #2 was not completed, and provided no explanation as to why the assessment was not completed.</p>	F 323	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction:</i></p> <p>mattress settings were placed on the TAR and the nurse aide care plans. Low air loss settings will be monitored each shift.</p> <p>4. DON will audit the charts of all residents on specialty mattresses and with mattress additions monthly for 6 months to ensure all assessments that are used to determine the need and safety of the use of the mattresses (Fall risk assessment, akin assessment, risk for skin breakdown assessment, side-rail assessment) and devices are completed and the settings are accurate and being monitored as per direction. DON will report findings to the facility QA committee no less than quarterly to ensure sustained compliance. Maintenance Director will monitor the biohazard storage weekly for 4 weeks and include this on his monthly reviews to ensure sustained compliance. The maintenance director will provide a review to the administrator of any noted problems.</p> <p>5. Completion Date: 11/12/11</p>	
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NAME OF PROVIDER OR SUPPLIER  GLASGOW HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 220 WESTWOOD ST. GLASGOW, KY 42141		
(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 37</p> <p>2. An observation, on 09/30/11 at 10:00 AM, revealed the hazardous waste containment bin located outside, at the back of the building, was not secured with a lock. The containment bin opened from the top and from the front. There was no security lock observed on the containment bin. Two red bins with snaps on the lids, which contained hazardous waste, were observed to be in the containment bin.</p> <p>An interview with the Maintenance Director, on 09/30/11 at 10:00 AM, revealed he placed the hazardous waste in the containment bin to be picked up by a (contracted) hazardous waste removal service. The Maintenance Director stated the containment bin has never been secured with a lock, but should be, as contaminated sharps and other potentially infectious items were stored there and were easily accessible. The hazardous waste was supposed to be picked up on Fridays, but many times there was an abundance of hazardous waste and it sat there for several days through the week in the unsecured containment bin, and was easily accessible until the scheduled pick-up on Fridays.</p> <p>An interview with the Administrator, on 09/30/11 at 2:00 PM, revealed the hazardous waste containment bin was not secured with a lock and could provide no evidence of a related facility policy/procedure.</p>	F 323	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>F - 371 Glasgow Health and Rehabilitation Facility strives to ensure that food is prepared and served under sanitary conditions related to meat preparation in the kitchen.</p> <p>1. The dietary staff member involved was immediately re-educated, 9/27/2011 on the handling of potentially hazardous foods by the Dietary Manager, and the contact surfaces were cleaned and sanitized.</p> <p>2. All dietary staff were re-educated on 9/27/11 by Dietary manager on the proper procedure for handling potentially hazardous food, and specifically preparing packaged meats. They were instructed to open and prepare the food in the food prep area and to disinfect the area afterwards, or that the meats could be opened in the three compartment sink and to disinfect the sink afterwards.</p> <p>3. A Dietary staff in-service by the facility Dietitian is scheduled 10/25/2011 regarding the proper food handling and avoidance of cross-contamination.</p>	
F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local</p>	F 371		

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NAME OF PROVIDER OR SUPPLIER  GLASGOW HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 220 WESTWOOD ST. GLASGOW, KY 42141
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F 371	<p>Continued From page 38</p> <p>authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, review of facility policy/procedure and interview, it was determined the facility failed to ensure food was prepared and served under sanitary conditions related to meat preparation in the kitchen's dirty dish area. The facility census was sixty one (61) residents, with four (4) residents identified by the facility as receiving nutrition via gastrostomy tube (g-tube).</p> <p>The findings include:</p> <p>A review of the facility's policy/procedure, "Food Preparation and Safety", dated 2006, revealed potentially hazardous foods maintained by the Food Service department included "Meal." The policy/procedure revealed "potentially hazardous foods are handled with caution. Contact surfaces were cleaned, rinsed and sanitized to prevent cross-contamination prior to and following use."</p> <p>An observation, on 09/27/11 at 12:10 PM, revealed Dietary staff #1 began preparation for the supper meal and brought four (4) large containers of partially thawed beef tips from the refrigerator and placed the containers on the counter in the dirty dish room, where dirty dishes were piled up from the noon meal. Dietary staff #1 opened the meat, which was sealed in plastic,</p>	F 371	<p><i>This amended plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>4. The Dietary manager will utilize our Food Service Safety and Sanitation Checklist to observe each employee at least 3 times over the next two weeks to ensure safe handling of meats and other potentially hazardous food. She will review her observations with the Administrator for any follow up. The findings will be reported to the facility QA committee no less than quarterly X 3 quarters.</p> <p>5. Completion Date: 10/26/2011</p>	
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NAME OF PROVIDER OR SUPPLIER  GLASGOW HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 220 WESTWOOD ST. GLASGOW, KY 42141	
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F 371	Continued From page 39 and a large amount of blood from the meat was observed to "splatter" on the counter.  An interview with Dietary staff #1, on 09/27/11 at 12:45 PM, revealed she "usually opened meat in the dirty dish room because she did not want to get blood all over."  An interview with the Dietary Manager, on 09/27/11 at 3:00 PM, revealed packaged meat was to be opened and prepared in the food preparation area, and the area was to be disinfected afterward. She stated the meat could also be opened in the three compartment sink and decontaminate the area afterward.	F 371	

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NAME OF PROVIDER OR SUPPLIER  <b>GLASGOW HEALTH &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>220 WESTWOOD ST. GLASGOW, KY 42141</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: 1985</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (000)</p> <p>SMOKE COMPARTMENTS: Seven (7).</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLED, SUPERVISED (DRY SYSTEM)</p> <p>EMERGENCY POWER: Type II natural gas generator.</p> <p>A life safety code survey was initiated and concluded on 09/28/2011, for compliance with Title 42, Code of Federal Regulations, §483.70 and found the facility to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000		
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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.