

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

PRINTED: 09/03/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2015
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NAME OF PROVIDER OR SUPPLIER CLINTON-HICKMAN COUNTY NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 366 S. WASHINGTON ST. CLINTON, KY 42031
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS	F 000		
F 315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, 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, interview, record review and facility policy review it was determined the facility failed to ensure one (1) of eleven (11) sampled resident (Resident #4) received the appropriate care and services related to an indwelling urinary catheter. Observations on two (2) occasions revealed the urinary catheter tubing was laying directly on the floor and the catheter was not anchored and secured.</p> <p>The findings include:</p> <p>Review of the clinical manual (Mosby's Pocket Guide to Nursing Skills & Procedures, 8th Edition) utilized by the facility as policy and procedure revealed staff should "Make sure catheter (if not removed) is anchored and secured"</p>	F 315	<p>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</p> <ul style="list-style-type: none"> - Resident #4 had an anchor placed 08/20/15. <p>For residents having the potential to be affected by the deficient practice:</p> <ul style="list-style-type: none"> - All residents with foley catheters have the potential to be affected by the deficient practice. - An audit was performed by the DON on the four residents with foley catheters. All had orders for use and an additional order was placed for use of anchoring device. <p>Measures taken by the facility to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> - Nursing staff were re-educated by the DON on proper procedure for catheter and anchoring 08/20/2015 - Additional wording was placed on the P&P for Catheter Use and Care adding "proper placement of tubing and anchoring device for tubing." 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X5) DATE 9/17/2015
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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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NAME OF PROVIDER OR SUPPLIER CLINTON-HICKMAN COUNTY NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 366 S. WASHINGTON ST. CLINTON, KY 42031
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F 315	<p>Continued From page 1 appropriately". Further review of the manual revealed to "Secure indwelling catheter with catheter strap or other securement device" and "Secure catheter tubing to inner thigh, allowing enough slack to prevent tension". The manual also listed "Anchoring catheter reduces traction on urethra and minimized urethral injury".</p> <p>Record review revealed the facility admitted Resident #4 on 08/14/15 with diagnoses which included Alzheimer/Vascular Dementia, Depression, Parkinson's, History of Stroke and Urinary Tract Infection.</p> <p>Review of the Admission Interm Care Plan, dated 08/18/15, revealed the facility assessed the resident as non-ambulatory, requiring assistance of two (2) staff for transfers and repositioning and the resident had an indwelling urinary catheter.</p> <p>Observations on 08/19/15 at 11:25 AM and on 08/20/15 at 3:15 PM revealed Resident #4 was sitting in his/her wheelchair with the drainage tubing for the indwelling urinary catheter observed laying directly on the floor underneath the resident's wheelchair.</p> <p>Observation on 08/20/15 at 9:55 AM revealed Resident #4 being assisted and transferred from the bed to the wheelchair by Certified Nurse Aide (CNA) #1 and CNA #2. There was no type of urinary catheter tubing anchor in place to prevent pulling and tugging on the tubing.</p> <p>Interview with CNA #1 and CNA #2, on 08/20/15 at 9:55 AM, revealed they were not aware of any type of catheter tubing anchor to be utilized for the resident and the tubing should not be on the floor.</p>	F 315	<ul style="list-style-type: none"> - A new order was placed in the Electronic Medical Record (EMR) system for anchoring foley catheters for all residents with a foley catheter on 09/07/2015. - Additional education of nursing staff was started 09/05/2015 by the DON and Clinical Nurse Consultant on the revision of the P&P for Catheter Use and Care completed 09/10/2015. Staff on LOA will be re-educated prior to their return to work by the DON or ADON. - A demonstration model of how to anchor a foley catheter was done by the DON on 09/07/2015 and is kept at the nurse's station for reference. <p>Measures taken by the facility to ensure that the corrective actions are in place and do not recur:</p> <ul style="list-style-type: none"> - QA audit of foley catheters to include placement of tubing and use of anchoring device will be done weekly x4 then monthly. - QA committee will monitor facility performance quarterly to ensure ongoing compliance and that corrections are permanent. Committee member include but not limited to ADM, DON, SS/ACT, Dietary, Business Office Manager, and Maintenance. 	09/11/2015
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/21/2015
NAME OF PROVIDER OR SUPPLIER CLINTON-HICKMAN COUNTY NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 366 S. WASHINGTON ST. CLINTON, KY 42031		
(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 315	Continued From page 2 Interview with Registered Nurse (RN) #1, on 08/20/15 at 3:15, revealed indwelling catheter tubing was never to be touching the floor as it was an infection control issue. RN #1 stated everyone that provided care for a resident that had an indwelling urinary catheter was responsible to know and ensure urinary catheter tubing was never allowed to touch the floor.	F 315			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185326	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/19/2015
NAME OF PROVIDER OR SUPPLIER CLINTON-HICKMAN COUNTY NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 366 S. WASHINGTON ST. CLINTON, KY 42031		
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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: 1967.</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type II (222).</p> <p>SMOKE COMPARTMENTS: Six (6) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system with 62 smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system.</p> <p>GENERATOR: Type II generator. Fuel source is Diesel.</p> <p>A life safety code survey was initiated and concluded on 08/19/15, for compliance with Title 42, Code of Federal Regulations, 483.70(a) 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			

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

TITLE

(X8) DATE

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