

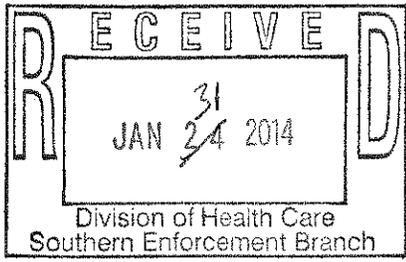
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

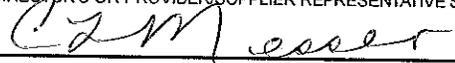
PRINTED: 01/24/2014
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185366 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 01/09/2014 |
|--|--|--|---|

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|---|---|
| NAME OF PROVIDER OR SUPPLIER CORBIN HEALTH & REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 270 BACON CREEK ROAD CORBIN, KY 40702 |
|---|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
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|---------------|---|-------|--|--|
| F 000 | INITIAL COMMENTS An abbreviated standard survey (KY21026) was conducted on 01/09/14. The complaint was substantiated with deficient practice identified at "D" level. | F 000 | | |
| F 499 SS=D | 483.75(g) EMPLOY QUALIFIED FT/PT/CONSULT PROFESSIONALS The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. Professional staff must be licensed, certified, or registered in accordance with applicable State laws. This REQUIREMENT is not met as evidenced by: Based on interviews, a review of personnel files, and reviews of the State Nursing Licensure Board's license validation reports, and the Kentucky Revised Statutes (KRS) it was determined the facility failed to ensure one of thirty-five professional staff members was licensed, certified, or registered in accordance with applicable state laws. The findings include: Interview with the Administrator on 01/09/14 at 11:08 AM revealed although the facility did not have a "formal, written" policy or procedure related to the license renewal of staff, the facility had procedures in place to ensure each licensed staff member had successfully completed the renewal process and had a valid license on the first day after the renewal process had closed. | F 499 | See Attached  | |

| | | |
|--|------------------------|----------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE Administrator | (X6) DATE 1/31/14 |
|--|------------------------|----------------------|

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 499 | Continued From page 1 Review of KRS 314.031 revealed: 1) It is unlawful for any person to call or hold herself or himself out as or use the title of nurse or to practice or to offer to practice as a nurse unless licensed or privileged under the provisions of the chapter. 3) It is unlawful for any person to knowingly employ a nurse unless the nurse is licensed under the provisions of the chapter. Review of KRS 314.071 revealed: 1) The license of every person issued under the provisions of this chapter shall be renewed for a period of time as determined by the board by administrative regulation. The applicant shall fill in the application form and return it with the renewal fee prescribed by the board in a regulation before the expiration date of his/her license. 4) Any person practicing nursing during the time the license has lapsed shall be considered an illegal practitioner. Review of the State Licensure Board's validation reports dated 11/01/13 revealed one of the 35 licensed staff members employed by the facility failed to have a current license to practice nursing as a Registered Nurse or Licensed Practical Nurse (LPN). Review of a Licensure Board's validation report dated 11/01/13, revealed LPN #1's licensure status to practice nursing as an LPN had expired, with an effective date of 10/31/12. LPN #1 stated in an interview on 01/09/14 at 11:40 AM that the Administrator contacted her at home on 11/01/13 and informed her that her nursing license had expired. LPN #1 stated she was "shocked" when the Administrator informed her that her nursing license was not active and had lapsed on 10/31/12. LPN #1 stated she was | F 499 | | | |

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| F 499 | <p>Continued From page 2</p> <p>a "new" nurse and her original date of licensure was 06/23/11, and believed the license to be valid for two years. According to LPN #1, she had obtained the continuing education requirements required for the licensure period which ended 10/31/13, but was unaware she was required to fill out an application and pay a licensing fee to renew the license. LPN #1 stated she immediately contacted the State Board of Nursing, and began the process to have her license reinstated. LPN #1 stated she was unaware of the exact date her license was reinstated, but the facility did not allow her to return to work as a nurse until 11/21/13, when the facility had validated her license was current.</p> <p>Interview with the Director of Nursing (DON) on 01/09/14 at 11:08 AM revealed she reviewed employee personnel files on 11/01/13 to ensure each licensed staff had completed the annual renewal requirements required on or before 10/31/13 to maintain an active license to practice nursing. The DON stated she discovered LPN #1's nursing license had lapsed on 10/31/12. According to the DON, LPN #1 had served in the role of a Unit Coordinator from 11/01/12 through 11/01/13 without a valid nursing license.</p> <p>Interview with the Administrator on 01/09/14, at 11:08 AM revealed the facility had procedures in place to verify all licensed staff had completed the requirements to maintain their professional licensure status. The Administrator stated the facility's Human Resource Manager was to obtain validation reports from the State Licensure Board the first day after each licensing period ended to verify each licensed employee held an active license. However, the Administrator stated the Human Resource Administrator had failed to</p> | F 499 | | | |

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| F 499 | Continued From page 3 verify the licensure status of LPN #1 on 11/01/13. According to the Administrator, the DON notified her on 11/01/13 that LPN #1's nursing license status was not active. The Administrator stated she immediately removed LPN #1 from nursing services and assigned LPN #1 to the Medical Records Department. According to the Administrator, on 11/21/13 the facility validated LPN #1's licensure to practice nursing as an LPN had been reinstated by the State Board of Nursing and reassigned LPN #1 to nursing services on 11/21/13. The Administrator stated the Human Resource Manager was no longer employed at the facility. Review of a State Nursing Board licensure validation report on 01/09/14 confirmed LPN #1's nursing license was current and had an expiration date of 10/31/14. | F 499 | | | |

Corbin Health and Rehabilitation
Complaint Survey January 9, 2014
Plan of Correction

Addendum with Corrected Completion Date

F 499

1. No residents were affected.
2. The Director of Nursing reviewed the licensure of all licensed, certified, and registered staff to ensure that all were up to date and active. No other discrepancies were found.
3. In order to ensure that all staff are licensed, certified or registered in accordance with applicable laws, the Director of Nursing will check all licensure upon hire and annually. The Administrator will then review as a double check system. Further, the Director of Nursing now receives emails from the Kentucky Board of Nursing with any changes in licensure status for any of facilities employees.
4. Again, the Director of Nursing will be checking all licensures upon hire and annually. The Administrator will then review the licensure as a double check system. Further, the Director of Nursing has signed up to receive emails from the Kentucky Board of Nursing to notify facility with any changes in licensure status of employees. The CQI Committee designee, Medicare Coordinator, will conduct a random audit of five licensed staff each month to ensure licensure is active for three months. Any discrepancies will be reported immediately to the Administrator and DON and then taken to the CQI Committee for further review and follow-up. In the absence of the Medicare Coordinator the Medicaid Coordinator will perform this audit.
5. January 31, 2014