

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

PRINTED: 11/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2012
--	--	--	---

NAME OF PROVIDER OR SUPPLIER OWENTON MANOR CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 905 HWY 127 NORTH OWENTON, KY 40359
--	---

(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 000	INITIAL COMMENTS An abbreviated survey was initiated on 11/08/12 and concluded on 11/13/12 to investigate KY19327 and KY19329. The Division of Health Care unsubstantiated the allegations for KY19327 and KY19329. However, an unrelated deficiency was cited.	F 000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Owenton Manor Care and Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>1. Resident #2 was discharged from the facility on 11/17/12.</p> <p>2. The Social Services Director will review the inventory of personal belongings process with current residents at Resident Council meeting on 12/4/12. Discussion will include- residents will be asked for their permission and may be present in room if they choose during inventory of their personal belongings.</p>	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility's policy, it was determined the facility staff failed to obtain permission of a resident before entering their room and conducting a inventory of the resident's personal belongings with the resident present for one (1) of six (6) sampled residents. Housekeeping staff were observed to enter the room of Resident #2 to perform an inventory of all personal items without the permission or witness of the resident. The findings include: Record review of the facility's policy regarding Resident Rights for the State of Kentucky, undated, revealed each resident was to be treated with consideration, respect, and full recognition of his/her dignity and individuality, including privacy for the resident.	F 241		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Administrator DATE: 12-4-12

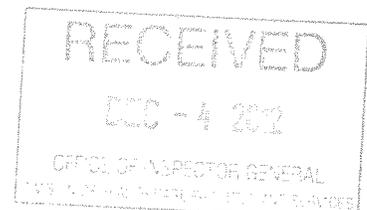
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

RECEIVED
If continuation sheet Page 1 of 3
DEC 14 2012
OFFICE OF INSPECTOR GENERAL
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

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

PRINTED: 11/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2012
NAME OF PROVIDER OR SUPPLIER OWENTON MANOR CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 806 HWY 127 NORTH OWENTON, KY 40359	
(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 241	<p>Continued From page 1</p> <p>Observation, on 11/13/12 at 9:30 AM, revealed Housekeeper #1 went into Resident #2's room with three (3) other housekeepers and performed an inventory of the resident's personal items in the room and the closet. Resident #2 was not present in the room during the inventory and was observed in the facility hallway self-propelling in a wheelchair at the time of the inventory.</p> <p>Interview, on 11/13/12 at 9:45 AM, with Housekeeper #1 in the room of Resident #2 with three (3) additional housekeepers revealed she was performing an audit of the resident's personal items in the room and in the resident's closet. Housekeeper #1 stated the three (3) additional housekeepers in the resident's room were recently hired, and she was demonstrating the personal items audit for the new staff. Housekeeper #1 stated Resident #2 was self-propelling in the hall while the audit was completed. Housekeeper #1 stated that Resident #2 was not aware the audit was being performed in his/her absence from the room, and stated she should have obtained permission from Resident #2 to perform the audit.</p> <p>Interview, on 11/13/12 at 10:31 AM, with the Nursing Schedule Coordinator revealed Housekeeper #1 consulted her about the proper procedure to perform a resident audit of personal belongings, after the audit was completed earlier. The Nursing Schedule Coordinator stated that Housekeeper #1 should have obtained permission from Resident #2 to perform the audit prior to beginning the audit. The Nursing Schedule Coordinator stated Resident #2 had the right to refuse the audit and the right to privacy.</p>	F 241	<p>3. Department managers, nursing, and housekeeping will be re-educated on center procedure of completing inventory of personal belongings after receiving permission from resident or responsible party by Administrator, Director of Nursing Services or Assistant Director of Nursing Services by 12/8/12. Re-education will include that resident or responsible party may be in the room during the inventory if they choose.</p> <p>4. Center Ambassadors will meet with residents within 72 hours of admission/readmission to validate the personal item inventory has been completed with resident's/responsible party permission. Results of Ambassador visits pertaining to inventory of personal belongings will be reviewed at the monthly performance improvement committee meeting to determine further review and recommendations.</p> <p>5. Compliance date 12/9/12</p>	



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

PRINTED: 11/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/13/2012
NAME OF PROVIDER OR SUPPLIER OWENTON MANOR CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 906 HWY 127 NORTH OWENTON, KY 40359		
(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 241	<p>Continued From page 2</p> <p>Interview, on 11/13/12 at 10:45 AM, with the Director of Housekeeping revealed he was not aware if housekeeping staff were trained to obtain resident consent before performing an inventory of resident personal items, but said the housekeeping staff should obtain resident consent prior to performing an inventory of resident personal items.</p> <p>Interview, on 11/13/12 at 11:05 AM, with Certified Nursing Assistant (CNA) #1 revealed she was aware each resident had the right to privacy of their personal belongings, and stated staff were prohibited from entering a resident room without the permission of the resident. CNA #1 stated it would be disrespectful to search and inventory a resident room without obtaining resident consent.</p> <p>Interview, on 11/13/12 at 2:30 PM, with the Assistant Director of Nursing (ADON) revealed staff were trained to obtain resident permission before entering a resident's room, and stated staff should not perform an inventory of resident belongings without the resident's consent.</p> <p>Interview, on 11/13/12 at 2:56 PM, with the Director of Nursing Services (DNS) revealed staff were trained to obtain permission of the resident prior to entering the resident room for any reason. The DNS stated failure of staff to obtain resident consent to perform an audit of personal items would not be consistent with the facility's policy for Resident Rights and would represent a dignity issue.</p>	F 241			

