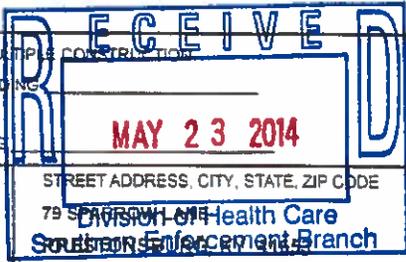


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2014
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 79 S. Division of Health Care Subpoena Enforcement Branch
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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 A standard health survey was conducted on 04/29-05/01/14. Deficient practice was identified with the highest scope and severity at "E" level.	F 000	Riverview Health Care Center does not believe and does not admit that any deficiencies existed, before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves	
F 253 SS=E	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, interview, review of maintenance building inspections, and a review of the facility policy it was determined the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Doors to resident shower rooms were observed scarred and in disrepair. Fans in resident rooms were observed with a buildup of dust/dirt. The findings include: 1. A review of the facility maintenance policy titled Plant Operations Maintenance Schedules (undated) revealed the Maintenance Director was responsible for conducting monthly inspections of the building to identify items in need of repair. Observations conducted during an environmental tour on 05/01/14 at 9:00 AM, revealed resident shower room doors on the second floor North and South Hallways were scarred and in disrepair. An interview with the Maintenance Director on	F 253		

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa J. Allen TITLE: Administrator DATE: 5/22/14

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 253	<p>Continued From page 1</p> <p>05/01/14 at 1:35 PM, revealed the Maintenance Director inspected the building monthly including the shower room doors to identify items in need of repair.</p> <p>A review of monthly building inspections completed by the Maintenance Director for January, February, March, and April 2014 revealed no evidence the second floor shower room door had been identified to need refinishing or repair.</p> <p>2. An interview conducted with the Housekeeping Supervisor on 05/01/14 at 1:55 PM revealed the facility did not have a written policy regarding cleaning of resident fans. According to the Housekeeping Supervisor, it was facility practice to clean the fans of surface dust daily and to disassemble the fan and clean the blades if needed.</p> <p>Observation conducted during the initial tour of the facility on 04/29/14 at 10:40 AM, and on 05/01/14 during an environmental tour revealed fans in resident rooms 109 and 111 had a buildup of dust and dirt on the blade guards and the blades. Additional observations on 05/01/14 at 9:00 AM, revealed fans in the North Hall shower rooms on the first and second floors were soiled with a buildup of dust/dirt.</p> <p>Interview on 05/01/14 at 1:07 PM, with a facility Housekeeper responsible for the North Hall on the first floor including rooms 109 and 111, and the shower room revealed the Housekeeper had not noticed the fans were dirty.</p> <p>An interview with the facility Housekeeper on 05/01/14 at 1:17 PM, responsible for the North</p>	F 253	<p>the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its on-going efforts to provide quality of care to residents.</p> <p>F253 There were no residents identified in this deficiency. There were no other residents identified. All fans identified were cleaned and all other fans throughout building were checked and if not clean were immediately cleaned. There is now a policy regarding fan cleaning and inservicing was completed on May 22, 2014, May 23, 2014, and May 27th, 2014. Shower room doors have been repaired and all other doors throughout the building have been inspected to ensure there is no scarring or areas of disrepair. Maintenance and Housekeeping staff have been inserviced on the intent of F253 and specifically the policy on fan cleaning and</p>		

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F 253	Continued From page 2 Hall shower room on the second floor, revealed the Housekeeper had not noticed that the fans were dirty. An interview conducted with the Housekeeping Supervisor on 05/01/14 at 1:55 PM, revealed she made rounds daily to ensure resident rooms were cleaned and had not noticed the fans with a buildup of dust/dirt.	F 253	proper door maintenance. Inservicing was completed on May 22, 2014, May 23, 2014, and May 27th, 2014 by the Administrator and/or Housekeeping Supervisor or designee. The Housekeeping Supervisor and Plant Operations Director will review one Neighborhood (hallway) per week to ensure compliance with F253. Any concerns identified will be addressed immediately. All findings will be reviewed monthly at the QA Meeting and any concerns identified will be addressed to ensure continued compliance.	5-28-14	
F 311 SS=D	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to provide appropriate treatment and services to maintain or improve activities of daily living for one (1) of twenty-two (22) sampled residents (Resident #4). Resident #4 was assessed to require extensive assistance of staff to perform personal hygiene/grooming needs. However, the resident was observed to have a dark brown substance underneath his/her fingernails on 04/30-05/01/14. The findings include: Review of the Nails-Cleaning and Trimming policy (dated December 2010) revealed the nursing staff was responsible to provide observation and care of nails for all residents daily and as necessary. In addition, the policy revealed nail	F 311	Resident #4 had his nails trimmed and cleaned. All other residents have been observed for nail care. Identified residents have had nail care provided. Further, all residents have been observed for any personal hygiene/grooming needs. No concerns/issues were identified. All nursing staff have been inserviced on nail-cleaning and		

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F 311	<p>Continued From page 3</p> <p>care would be performed by a licensed nurse if the resident had a diagnosis of Diabetes or circulatory disease.</p> <p>Review of the medical record revealed the facility readmitted Resident #4 on 10/18/13 with diagnoses including Diabetes Mellitus, Chronic Kidney Disease, Hypertension, Peripheral Vascular Disease, and Coronary Artery Disease.</p> <p>Review of the quarterly MDS assessment dated 02/11/14, revealed the resident was assessed to require extensive assistance of one staff person to provide personal hygiene needs and total assistance of two for bathing. Further review of the MDS assessment revealed the resident was assessed to have a Brief Interview for Mental Status (BIMS) score of 5, which indicated the resident to have severe cognitive impairment.</p> <p>Resident #4 was observed on 04/30/14, at 8:45 AM, to be lying in bed. Multiple discolored areas were observed on both of the resident's forearms. The resident's fingers were observed to be discolored and the resident's fingernails were noted to be long/jagged and a dark brown substance was present under the fingernails on the resident's right hand.</p> <p>The resident stated he/she did like his/her fingernails long, and stated, "They need a little trim now." Additional observations conducted on 04/30/14, at 10:10 AM, 11:20 AM, and 1:00 PM, revealed the resident's fingernails continued to be long/jagged and the dark brown substance was still present under the fingernails of the resident's right hand. On 05/01/14, at 12:30 PM, observation of Resident #4 revealed the resident's fingernails had been trimmed; however,</p>	F 311	<p>trimming policy and requirements for F311. This was completed on May 21, 2014 and May 23, 2014 by the Staff Development Coordinator and/or Director of Nursing. The QA Nurse or designee will monitor three (3) residents on each unit weekly to ensure proper nail care, as well as any personal hygiene/grooming needs, is being provided. Any concerns identified will be addressed immediately. All findings will be reviewed monthly during QA Meeting and any concerns identified will be addressed to ensure continued compliance.</p>	05-24-14	

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F 311	<p>Continued From page 4</p> <p>the nails were still jagged and the dark brown substance was still under the fingernails on the resident's right hand.</p> <p>It could not be determined from interviews conducted with various staff members who had trimmed Resident #15's fingernails on 04/30/14 or 05/01/14.</p> <p>Interview conducted with Certified Nurse Aide (CNA) #3 revealed she had been assigned to Resident #4 and had not observed the condition of the resident's fingernails. CNA #3 stated nail care should be provided during bathing of residents but she was not allowed to trim a diabetic resident's nails. The CNA confirmed she had not provided nail care for Resident #4.</p> <p>Interview with Registered Nurse (RN) #2 on 05/01/14, at 3:15 PM, revealed she was the Unit Manager for the first floor halls and made resident rounds "several" times daily to monitor staff to ensure personal care needs, including nail care, was provided. RN #2 confirmed diabetic nail care should be provided by the nurse, but stated a CNA could clean any resident's fingernails when needed. RN #2 further stated she routinely checked the resident's fingernails, but had not observed Resident #4's this week and was not aware the resident's fingernails were long and dirty.</p> <p>Interview with the Director of Nurses (DON) on 05/01/14, at 3:40 PM, revealed she also conducted resident rounds two to three times daily to monitor staff to ensure resident care needs were being provided. The DON stated the CNAs should be cleaning the residents' nails when providing daily care. The DON further</p>	F 311			

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F 311	Continued From page 5 stated no problems related to nail care had been identified or reported to her.	F 311		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on interviews, medical record review, a review of the facility's policies, and a review of the Drug Regimen Reviews revealed the facility failed to ensure medications had been evaluated for adequate indications of its use for one (1) of	F 329	F329 Resident #5 has had his medications reviewed by the consulting pharmacist and the attending physician and all necessary changes have been made to his medication regimen. All residents have had all medications reviewed by the consulting pharmacist and recommendations have been made to the attending physician to ensure appropriate diagnosis or dose reductions. The Consultant Pharmacist, attending physicians, and licensed nurses have been inserviced on the requirements of F329. This was completed on May 13, 2014, May 15, 2014, May 21, 2014 and May 23, 2014 by the Administrator, Staff Development Coordinator and/or Director of Nursing. The QA Nurse or designee will review three (3) residents on each unit weekly to ensure compliance with appropriate diagnosis and any unnecessary medications. Any concerns identified will be addressed	

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F 329	<p>Continued From page 6</p> <p>twenty-two (22) residents (Resident #5). Documentation revealed a physician had prescribed Risperdal (an antipsychotic medication) to be administered two times a day to Resident #5 for increased confusion, agitation, restlessness, and abnormal behaviors. However, the facility failed to evaluate the resident's behavioral symptoms to determine diagnoses for the use of the medication, the effectiveness of the medication or the potential for a reduction and/or discontinuation of the antipsychotic medication.</p> <p>The findings include:</p> <p>A review of the facility policy titled "Medication Management," dated September 2010, revealed after initiating or increasing the dose of an antipsychotic medication the behavioral symptoms must be reevaluated to determine the effectiveness of the antipsychotic and the potential for reducing or discontinuing the dose. Additional review of the policy revealed for antipsychotic use a target behavior must be clearly and specifically identified.</p> <p>Medical record review conducted for Resident #5 revealed the facility admitted the resident on 02/13/13 with diagnoses including Insomnia, Depression, Dementia with Behavioral Disturbance, and Mood Disorder. Further review of Resident #5's record revealed on 08/14/13, the resident's physician prescribed 0.25 milligrams (mg) of Risperdal (an antipsychotic medication) to be administered two times a day to Resident #5 for increased confusion, agitation, restlessness, and abnormal behaviors. Review of the physician's orders revealed no evidence the physician had adjusted the dosage and/or discontinued the use of the Risperdal for</p>	F 329	<p>immediately.</p> <p>All findings will be reviewed monthly during the QA Meeting and any concerns identified will be addressed to ensure continued compliance.</p>	05-24-14	

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F 329	<p>Continued From page 7</p> <p>Resident #5 from 08/14/13 to the day of the record review on 05/01/14.</p> <p>In addition, review of Behavior Monitoring for Psychotropic Medications forms completed for Resident #5 from October 2013 to April 2014 revealed facility staff had monitored Resident #5 for the behaviors of Crying, Anxiousness, and Complaints of Insomnia.</p> <p>Review of the monthly Drug Regimen Review revealed a pharmacist had conducted a monthly review of Resident #5's medications from August 2013 to April 2014; however, the review revealed no evidence of a recommendation for a Gradual Dose Reduction of the Risperdal or any recommendations regarding the medication being administered to the resident without a diagnosis to support the use of the medication.</p> <p>An interview conducted with the Consultant Pharmacist on 05/01/14 at 3:30 PM, revealed the Pharmacist was aware Resident #5 was taking Risperdal. The Pharmacist acknowledged he had not made recommendations to the physician related to the use of Risperdal for Resident #5 because the resident was followed by a psychiatrist.</p> <p>An interview was conducted on 05/01/14 at 3:42 PM with a Psychiatric Advanced Practice Registered Nurse (APRN). The APRN revealed she and the Psychiatrist provided psychiatric care and treatment for Resident #5. The APRN acknowledged she was aware the resident was on the antipsychotic, Risperdal, and that the dosage of the medication had not been reduced because they had adjusted the patient's other medication during that timeframe and the APRN</p>	F 329			

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F 329	Continued From page 8 had not prescribed the medication for Resident #5. An interview conducted with Resident #5's Primary Care Physician on 05/01/14 at 2:55 PM, revealed the physician had prescribed the medication when the resident had exhibited an increase in behaviors of confusion, agitation, and restlessness. The Physician stated he had not attempted to reduce the dosage of the medication and stated he had not seen any recommendations from the pharmacist to reduce or discontinue the medication. The physician stated the medication was a "low dose and a gradual dose reduction could be attempted."	F 329			
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and a review of the facility policies, it was determined the facility failed to ensure the pharmacist reported irregularities to the attending physician and the Director of Nursing (DON), and that the reports were acted upon for two (2) of twenty-two (22)	F 428	F428 Residents #5 and #15 have had their medications reviewed by the consulting pharmacist and recommendations have been made to the attending physician for gradual dose reductions and/or discontinuing of their psychotropics as indicated. All other residents have had a drug regimen review by the consultant pharmacist and recommendations have been made to the attending physician for gradual dose reductions as indicated. The consultant pharmacist, attending physicians and licensed nurses have been		

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F 428	<p>Continued From page 9</p> <p>sampled residents. Resident #5 had received an antipsychotic medication since August 2013; however, record review revealed there was no medical diagnosis to support the use of the antipsychotic and it could not be determined the pharmacist had recommended a gradual dose reduction of the medication. In addition, record review revealed Resident #15 received an antidepressant medication and the pharmacist had not recommended a gradual reduction in the dose of the medication since July 2013.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. A review of the facility policy titled "Consultant Pharmacist Services Provider Requirements," dated October 2007, revealed at least monthly the Pharmacist was required to communicate to the responsible prescriber and the Director of Nursing (DON) any potential or actual problems detected and other findings related to medication therapy orders. According to the policy, the Pharmacist was also required to communicate recommendations for changes in medication therapy and the monitoring of medication therapy and individual resident recommendations to prescribers and the DON upon completion or following the medication regimen review. <p>A review of the medical record for Resident #5 revealed the facility admitted the resident on 02/13/13 with diagnoses including Insomnia, Depression, Dementia with Behavioral Disturbance, and Mood Disorder. Further review of the record revealed on 08/14/13 the resident's physician had prescribed 0.25 milligrams (mg) of Risperdal (antipsychotic medication) to be administered two times a day for an increase in the resident's confusion, agitation, restlessness,</p>	F 428	<p>inserviced on the requirements of F428. This was completed on May 13th, 15th, 21st, and 23rd, 2014 by the Administrator, Staff Development Coordinator and/or Director of Nursing. The QA Nurse or designee will review three residents on each unit weekly to ensure compliance with F428 and gradual dose reductions. Any concerns identified will be addressed immediately.</p> <p>All findings will be reviewed monthly at the QA Meeting and any concerns identified will be addressed to ensure continued compliance.</p>	5-24-14	

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F 428	<p>Continued From page 10 and abnormal behaviors.</p> <p>Review of the monthly Drug Regimen Review revealed the pharmacist had conducted a review of Resident #5's medications from August 2013 to April 2014; however, the facility failed to ensure the Pharmacist requested a diagnosis to support the use of the Risperdal or had recommended a Gradual Dose Reduction of the Risperdal.</p> <p>An interview conducted with the Consultant Pharmacist on 05/01/14 at 3:30 PM, revealed the Pharmacist was aware Risperdal had been prescribed for Resident #5 and stated he had not made recommendations to the resident's physician because a Psychiatrist also prescribed medications for the resident.</p> <p>2. Review of the medical record revealed the facility readmitted Resident #15 on 11/12/10 with diagnoses of Anxiety, Insomnia, Psychosis, Depression, and Tardive Dyskinesia.</p> <p>Review of the quarterly MDS assessment dated 04/14/14 revealed the facility assessed the resident to have a BIMS score of 12, which indicated moderately impaired cognition skills. The resident was further assessed to have a depression score of 7, which indicated the resident had mild depression symptoms. In addition, Resident #15 was assessed to have no indicators of psychosis or behavioral symptoms.</p> <p>Review of the physician's orders dated 07/05/13 revealed the physician prescribed 20 milligrams (mg) of Paxil (antidepressant) to be administered to Resident #15 on a daily basis. Further review of the physician's orders revealed on 09/11/13, the physician increased the dosage of the Paxil to</p>	F 428			

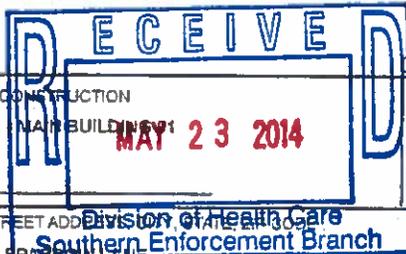
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/15/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/01/2014
NAME OF PROVIDER OR SUPPLIER RIVERVIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 79 SPARROW LANE PRESTONSBURG, KY 41653		
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F 428	<p>Continued From page 11</p> <p>40 mg daily due to the resident's complaints of increased depression and anxiety. Continued review of physician's orders revealed the physician continued to prescribe 40 mg of Paxil to be administered to Resident #15 on a daily basis. There was no evidence the physician had adjusted the dosage of Paxil since 09/11/13.</p> <p>Review of the monthly pharmacy medication reviews dated August 2013 to April 2014 revealed the pharmacist conducted a monthly review of Resident #15's medication regimen. However, there was no evidence the pharmacist had made recommendations to the attending physician for consideration of a gradual dosage reduction for the Paxil.</p> <p>Interview with the Pharmacist on 05/01/14, at 12:30 PM, confirmed he was responsible to review the residents' medications monthly. The Pharmacist also confirmed he had not made any recommendations for a gradual dose reduction for the use of Paxil for Resident #15 and stated he did not know why the recommendations had not been made.</p> <p>Interview with the Director of Nursing (DON) on 05/01/14, at 3:40 PM, revealed facility staff also reviewed the residents' medication regimen monthly when reviewing the medication administration records. However, the DON stated gradual dose reductions for antidepressants were not considered unless the resident exhibited side effects to the medications or a change in condition.</p>	F 428			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185151	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2014
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW HEALTH CARE CENTER	STREET ADDRESS 79 S. BROADWAY PRESTONSBURG, KY 41653
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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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K 000	INITIAL COMMENTS CFR: 42 CFR 483.70(a) BUILDING: 01 PLAN APPROVAL: 1976 SURVEY UNDER: 2000 Existing (Short Form) FACILITY TYPE: SNF/NF TYPE OF STRUCTURE: 2-story, Type 1 (332) SMOKE COMPARTMENTS: 7 FIRE ALARM: Complete automatic fire alarm system SPRINKLER SYSTEM: Complete automatic (wet) sprinkler system GENERATOR: Type II diesel generator	K 000		
K 061 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1	K 061	No residents have been negatively affected by this deficient practice. The facility has immediately contacted our vendor to set up installation of a monitor module to ensure notification in the event the valves in question are closed. This work will be completed on May 29, 2014.	05-30-14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Melissa J. Allen* TITLE: Administrator DATE: 5/22/14

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185151	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/30/2014
NAME OF PROVIDER OR SUPPLIER RIVERVIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 79 SPARROW LANE PRESTONSBURG, KY 41653		
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K 061	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the building fire sprinkler system was maintained as required by National Fire Protection Association (NFPA) standards. This deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all the residents. The facility has the capacity for 121 beds with a census of 112 on the day of the survey. The findings include: Observation and interview on 04/30/14 at approximately 11:00 AM with the Director of Maintenance (DOM) revealed that a valve in an outside pit that controls water flow to the facility's sprinkler system was observed not to be electronically supervised as required. This device alerts staff by way of alarm inside the facility in case the water flow to the facility's sprinkler system is turned off. The DOM stated he was not aware the valve was required to be electronically monitored. The findings were revealed to the Administrator upon exit.	K 061			