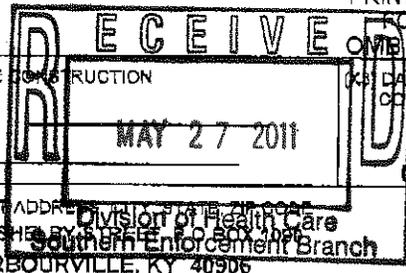


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/19/2011  
FORM APPROVED  
OMB NO. 0938-0391

|   |  |  |   |  |
|---|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185164 | (X2) MULTIPLE COMPLETION INSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                      | (X3) DATE SURVEY COMPLETED<br><br>C<br>5/06/2011 |
| NAME OF PROVIDER OR SUPPLIER<br><br>BARBOURVILLE HEALTH & REHABILITATION CENTER |  |  | STREET ADDRESS<br>117 SHEPHERD ST. P.O. BOX 1086<br>BARBOURVILLE, KY 40906                                      |  |
| (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<br><br>An abbreviated standard survey (KY16349) was conducted on May 6, 2011. The complaint was substantiated with deficient practice identified at "D" level.  | F 000  |   |  |
| F 323<br>SS=D   | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview, closed record review, and a review of facility policies/procedures, the facility failed to ensure the environment was free of accident hazards and that adequate supervision and assistance devices were provided for one resident to prevent accidents. Resident #1 was assessed to be at high risk for falls upon admission to the facility; however, there was no evidence fall interventions had been implemented until the resident sustained a fall from the bed on April 14, 2011.<br><br>The findings include:<br><br>A review of the facility's Falls Prevention Program revealed an assessment would be completed upon admission, and quarterly, to identify residents at high risk for falls. The program further noted the risk factors would be identified | F 323  | See attached  |  |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Gemma Partin TITLE: Administrator (X6) DATE: 5/27/11

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 Time May. 27. 2011 12:07PM No. 9145

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| NAME OF PROVIDER OR SUPPLIER<br><br>BARBOURVILLE HEALTH & REHABILITATION CENTER |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>117 SHELBY STREET, P O BOX 1090<br>BARBOURVILLE, KY 40906              |                      |   |
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| F 323   | <p>Continued From page 1</p> <p>on the care plan/Kardex and interventions to prevent falls would be documented and initiated.</p> <p>A review of the closed medical record revealed resident #1 was admitted to the facility on April 8, 2011, with diagnoses including Hypoxic Encephalopathy, Advanced Chronic Obstructive Pulmonary Disease, History of Alcohol Abuse with recurrent Pancreatitis, and Diabetes Mellitus.</p> <p>A review of the Fall Risk Assessment completed on April 8, 2011, for resident #1 revealed the resident had been assessed to have a score of 12. According to the Fall Risk Assessment, a score of 10 or greater indicated a resident was at high risk for falls.</p> <p>Review of a care plan developed at the time of the resident's admission (April 8, 2011) revealed the facility identified the resident to have a problem related to falls/safety risk. Interventions developed included to keep the call bell within reach, to encourage the resident to use the call bell, and to instruct the resident on safety measures.</p> <p>A review of nurse's notes dated April 14, 2011, at 9:35 a.m., revealed resident #1 was found sitting on the floor next to the resident's bed. The resident was assessed to have a red abrasion of the back and buttocks area. Resident #1 was transferred to the Emergency Room for further evaluation/treatment. The resident returned to the facility on April 14, 2011, at 4:40 p.m., with no injury noted.</p> <p>Further review of the care plan revealed the care plan was updated on April 14, 2011, after resident</p> | F 323  |   |                      |   |

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| F 323   | <p>Continued From page 2</p> <p>#1 was found sitting on the floor beside the resident's bed. New interventions included to utilize a bed alarm, to offer diversional activities, to administer medications for agitation as needed, and to maintain fall mats at the resident's bedside.</p> <p>A review of the Treatment Administration Record (TAR) for April 2011 revealed a bed alarm and fall mats were initialed as being implemented on April 14, 2011, during the 3:00 p.m. to 11:00 p.m. shift.</p> <p>A review of the initial comprehensive assessment completed on April 19, 2011, revealed resident #1 was assessed to be alert with independent decision-making skills, to require extensive assistance of two staff persons for bed mobility and transfers, and to be nonambulatory.</p> <p>An interview conducted with Licensed Practical Nurse (LPN) #3 on May 6, 2011, at 3:00 p.m., revealed LPN #3 completed the Fall Risk Assessment for resident #1 when the resident was admitted to the facility on April 8, 2011. LPN #3 stated the Fall Risk Assessment was to be completed upon admission and when changes occurred in a resident's condition. LPN #3 stated if a resident's score was 10 or greater all staff was to be made aware of the resident's fall risk and fall interventions should be implemented. The LPN stated a bed alarm should have been implemented and documented on the treatment record (TAR) for resident #1.</p> <p>An interview conducted with the Unit Manager (UM) on May 6, 2011, at 4:00 p.m., revealed fall interventions were required to be implemented when a resident's fall risk assessment score was</p> | F 323  |   |                      |   |

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| F 323   | Continued From page 3<br>10 or greater. The UM stated the admission nurse was responsible for implementing the interventions after completing the Fall Risk Assessment. The UM further stated all staff was responsible to ensure the interventions had been implemented to address the resident's fall risk. The UM confirmed the bed alarm and fall mats were not implemented for resident #1 until April 14, 2011.<br><br>The Director of Nurses (DON) was interviewed on May 6, 2011, at 4:10 p.m. The DON stated the licensed nurses were responsible to complete the Fall Risk Assessment upon a resident's admission and to implement fall interventions as indicated. The DON stated the UM was responsible to ensure fall interventions had been implemented. | F 323  |   |                      |   |

Barbourville Health & Rehabilitation Center

Plan of Correction

May 27th, 2011

F-323

1. Resident #1 is no longer a resident of this facility.
2. All resident's were reviewed by the unit managers to ensure fall interventions were in place and documented on the chart per the fall risk assessment guidelines (fall risk indicated with score of 10 or higher).
3. Both unit managers as well as all nurses were in-serviced on May 9-13, 2011 by the DON and Quality Assurance Manager that all residents who score 10 or higher on the fall risk assessment are to be evaluated for the appropriate fall intervention after fall assessment has been completed. Upon completion of evaluations, the intervention will be put in place immediately.
4. The CQI team will check 3 resident charts on each unit weekly for one month then quarterly for six months to ensure all residents have fall interventions in place and documented on the chart when they score 10 or higher on fall risk assessment. Any irregularities will be corrected immediately and reported to QA for follow up.
5. Date of Completion: May 13, 2011.