

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: 185270	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/26/2013
NAME OF PROVIDER OR SUPPLIER CUMBERLAND VALLEY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 301 SOUTH MAIN STREET BURKESVILLE, KY 42717		
(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 standard survey (KY20631) was initiated on 09/24/13 and concluded on 09/26/13. The complaint was substantiated with deficient practice identified at "A" level.	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 185270	DATE SURVEY COMPLETE: 9/26/2013
NAME OF PROVIDER OR SUPPLIER CUMBERLAND VALLEY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SOUTH MAIN STREET BURKESVILLE, KY	
ID PREFIX TAG F 153	SUMMARY STATEMENT OF DEFICIENCIES	
	<p>483.10(b)(2) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS</p> <p>The resident or his or her legal representative has the right upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and after receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to fulfill a request for copies of a resident medical record in a timely manner for one of five sampled residents (Resident #1). The facility received a request from Resident #1's spouse on 07/02/13, requesting a copy of Resident #1's medical record. However, a copy of the medical record was not released/sent to the resident's spouse until 09/10/13.</p> <p>The findings include:</p> <p>Review of the facility policy/procedure titled "Medical Records Request" (not dated) revealed residents or a resident's authorized or legal representative could request a copy of the resident's medical record. The policy stated the request should be in writing to the Administrator and/or designee. Further review of the policy revealed the Administrator would have two days to respond to the request for the medical record, but did not specify a timeframe to provide the resident/representative a copy of the medical record.</p> <p>According to interview with the Medical Records Director on 09/24/13 at 5:00 PM, the facility had received two requests in the last six months for copies of medical records. The copy request for Resident #10's medical record was received from the resident's family member on 05/21/13. The records were copied and the family member picked up the copy of the record on 05/24/13. According to the Medical Records Director, the facility does not charge a fee for the first copy of the medical record.</p> <p>The Medical Records Director also stated the Administrator received a letter from Resident #1's spouse in July 2013 and copies of the record were mailed to the resident's wife on 09/10/13, approximately two months following the request. The Medical Records Director stated Resident #1's family had requested the facility allow a hospice employee be permitted to pick up the resident's medical record but, since the hospice employee was not Resident #1's legal representative, the medical record could not be released. The Medical Records Director stated after the hospice employee had been denied a copy of the medical record, the resident's spouse sent a request for the record to be mailed to him/her, and the medical record was mailed by certified mail on 09/10/13. Review of the Certified Letter Receipt revealed the spouse of the resident received the medical record by certified mail on 09/11/13.</p> <p>The Administrator acknowledged in interview conducted on 09/26/13 at 10:00 AM the facility had received a request for a copy of Resident #1's medical record. The Administrator stated he called and informed Resident #1's spouse it would take "a while" because a previous request for records had been received for another resident. The Administrator stated according to the facility's policy and federal/state regulation, the facility had two days to respond to the request, not to provide the copy of the record. However, the Administrator stated the facility should have processed the request from Resident #1's spouse in a timely manner. The Administrator stated although no one at the facility monitored the timeframes for filling requests for medical records, the facility had not had any previous problems/complaints related to receipt of medical records after a copy had been requested.</p>	

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The above isolated deficiencies pose no actual harm to the residents