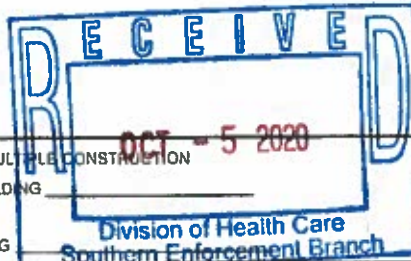


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 09/24/2020
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 C 09/10/2020
NAME OF PROVIDER OR SUPPLIER RIVERVIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 79 SPARROW LANE PRESTONSBURG, KY 41653	
(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 (KY31950 and KY32320) and a COVID-19 focused infection control survey was initiated on 09/08/2020 and concluded on 09/10/2020. The complaints were substantiated and the facility was found to be out of compliance with 42 CFR 483.80 Infection Control. Deficient practice was identified with the highest scope and severity at "D" level. The total census was 103.	F 000		
F 804 SS=D	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that food served to residents during the noon meal on 09/08/2020 was not palatable. Interviews with unsampled residents (Residents A, B, and C) and a palatability test revealed the food was not seasoned and tasted bland. The findings include: Interview with the Assistant Dietary Manager (DM) on 09/08/2020 at 12:52 PM, revealed the facility did not have a policy related to food palatability.	F 804	1. Resident A, was interviewed by Director of Nursing on 9/8/20 to discuss their food concerns. All concerns were documented and addressed with the Dietary Manager, and a plan put into place to improve food palatability. 2. Residents B and C were interviewed on 9/16/20 by Dietary Manager to discuss their food concerns. All concerns were documented, addressed, and a plan put into place to improve the food palatability. 3. Interviews with all elders with BIMS of 8 and greater was initiated on 9/16/20 by the Dietary Manager, Social Services Director and designees to see if food is palatable, proper temp and preferences. Any Concerns were addressed and corrected by the dietary manager. All resident interviews were completed by 9/22/20 Responsible party Interviews for residents who have a BIMS below 8 were initiated on 9/16/20 by Dietary Manager, Quality of Life Director, and Social Services Director, to see if there were any with food proper temperature, palatable and their preferences were correct. Any concerns were addressed and corrected by the dietary manager. 4. All dietary staff were educated by the Certified Dietary Manager on how to properly prepare and season all meals on 9/14/20	10/6/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Doree Brainerd* TITLE: *CEO* (X6) DATE: *10/5/20*

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 804	Continued From page 1 During the initial tour conducted on 09/08/2020 beginning at 12:25 PM, three (3) unsampled residents (Resident A, Resident B, and Resident C) stated that the food served at the facility did not have enough seasoning and tasted bland. A palatability test was conducted on 09/08/2020 at 12:49 PM for the noon meal. The meal consisted of salmon patties, mashed potatoes, and green beans. The regular consistency salmon patties, mashed potatoes, and green beans tasted bland and unseasoned. Interview with the Assistant DM on 09/08/2020 at 12:52 PM, revealed the DM was on vacation. The Assistant DM stated the facility had changed the way meals were prepared and received the meals already prepared and frozen in a box. The Assistant DM stated the packages had directions for how to reheat the food. The Assistant DM stated the facility did not add any additional seasonings to the food.	F 804	5. Administrator and Certified Dietary Manager initiated education to all dietary staff related to regulation F804, to include seasoning while preparing foods. A. Administrator will taste test 3 meals a day for 5 days for 30 days, 3 meals a day for next 30 days, and 1 meal a day for next 30 days. Monitoring of meals through meal taste testing will begin on 9/14/20. B. Certified Dietary manager will interview 5 residents a day for 30 days, 3 residents a day for next 30 days and 1 resident a day for next 30 days for food palatability, temperatures and preferences. Monitoring of residents through interviews will start 9/14/20. C. Resident Council will be asked monthly about food palatability, temperature and preferences for next 3 months and on going by the Activities Director, to start in October's meeting. 6. The QAPI committee team, Medical Director, Administrator, Director of Nursing, Social Services, Activities Director, Dietary Manager, will review the outcomes of the monitoring of administrator meal taste testing and residents interviews related to food to determine compliance with F804 and will make recommendations based on the audits outcomes. 7. Compliance 10/6/20	10/6/20	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at	F 880		10/6/20	

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NAME OF PROVIDER OR SUPPLIER RIVERVIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 79 SPARROW LANE PRESTONSBURG, KY 41663		
(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 880	Continued From page 2 a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 880		10/6/20	

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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 880	<p>Continued From page 3</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of facility policy, and review of the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) guidance, it was determined that the facility failed to prevent the possible spread of COVID-19. On 09/09/2020, one (1) State Registered Nurse Aide (SRNA) was observed wearing a face mask with the mask positioned below the nose.</p> <p>The findings include: A review of COVID-19 Long-Term Care Facility Guidance from CMS dated 04/02/2020 and review of the facility's policy, "Novel Coronavirus (COVID-19)," with a revision date of 08/18/2020, revealed all staff should wear a face mask while they are in the facility.</p> <p>According to CDC guidance for "Using PPE," updated on 06/09/2020, when applying a face mask, the nose piece (if the mask has one), "should be fitted to the nose with both hands" and</p>	F 880	<p>1. SRNA # 1 was re-educated on 9/10/20 on the proper placement of face mask as well as a competency check off for correct donning and placement of face mask by the Director of Nursing.</p> <p>2. An employee audit of appropriate placement of face mask was conducted on 9/10/20 by the Administrator. Any concerns were immediately addressed with employees.</p> <p>3. Ear Savers, which is a band that is used to tighten and secure surgical mask while in use, were ordered on 9/10/20, and received on 9/14/20. SRNA # 1 was provided and educated on the use of an ear saver on 9/14/20 by the Administrator. Education regarding the proper use of ear savers was initiated for nursing and all staff on 9/14/20 and completed on 10/2/20 by Director of Nursing. Ear Savers were handed out to all employees needing the device for proper placement of face mask. Re-education for nursing and all staff related to infection control practices and mask protocol for covid-19 was initiated on 9/14/20 by Director of Nursing and completed on 9/30/20.</p>	10/6/20	

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NAME OF PROVIDER OR SUPPLIER RIVERVIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 79 SPARROW LANE PRESTONSBURG, KY 41653		
(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 880	<p>Continued From page 4</p> <p>"should be extended under [the] chin." The guidance stated both the "mouth and nose should be protected." The guidance also stated that face masks should not be pulled below the chin.</p> <p>Observation on 09/09/2020 at 10.20 AM revealed SRNA #1 was in the hallway going into resident room 120. The SRNA was observed to be wearing a face mask that was not covering her nose. One (1) resident was observed in the resident room.</p> <p>Interview with SRNA #1 on 09/09/2020 at 10:25 AM, revealed she had been trained on how to properly don a face mask and was required to wear her face mask while at work. The SRNA stated her mask kept falling down.</p> <p>An interview with the Director of Nursing (DON) on 09/10/2020 at 12:38 PM revealed all staff were required to wear a face mask at all times when in the building to help prevent the spread of the Coronavirus. She stated CMS's guidance was initiated on 04/03/2020 and all staff were trained. According to the DON, she made rounds to monitor to ensure staff were following the policy and she was providing on-the-spot education if needed. The DON stated she had not identified any concerns with staff not appropriately donning face masks or wearing them inappropriately.</p>	F 880	<p>Directed POC Education was initiated on 9/24/20 with a completion date of 10/2/20. All staff will have viewed the Directed POC video "Keep COVID-19 Out", as well as the "CDC Download for Face Mask Do's and Don'ts". All training provided by the Director of Nursing (Infection Preventionist). DON (Infection Preventionist) will sign attestation stating education was provided by Infection preventionist.</p> <p>A QAPI Meeting and Governing Body Meeting was held on 9/29/20 with the QA Committee, and the Infection Preventionist (Attendees Medical Director, Administrator, Regional Vice President, Director of Nursing (Infection Preventionist), Assistant Director of Nursing (Infection Preventionist), MDS nurse, 2 SRNAs and a floor nurse) related to conducting a root cause analysis related to the causation of the infection control citation and the following was determined: that SRNA # 1 facemask was too large for the facial structure, the SRNA was unable to keep the mask fitted tightly around her nose without it falling underneath her nose.</p> <p>A audit conducted on 9/10/20 by The Administrator revealed Individuals with smaller facial structures were identified to be more likely have issues with the fit of their surgical mask. The facility identifies that this issue was not previously audited, and did not provide another option for a more fitted face mask or another solution to ensure Surgical Mask stayed in place. Ear Savers were ordered with three adjustable fit options for surgical mask. All staff who have been identified to have issues with the fitting of their surgical mask have been provided with a ear saver, and educated on the proper use.</p> <p>DON or Designee (ADON) will monitor five random staff members on different shifts per week for 30 days, three random staff members on different shifts per week next 30 days and 1 random staff member on different shifts per week for next 30 days for the proper placement of face mask. Any concerns will be immediately be addressed at the time. Monitoring of face mask proper placement will begin 9/14/20.</p> <p>4. The QAPI committee team, Medical Director, Administrator, Director of Nursing, Social Services, Activities Director, Dietary Manager, will review the outcomes of the monitoring of face mask proper placement to determine compliance with F880 and will make recommendations based on the audits outcomes.</p> <p>5. Compliance 10/6/20.</p>	10/6/20	

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

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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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E 000	<p>Initial Comments</p> <p>A COVID-19 focused Emergency Preparedness survey was initiated on 09/08/2020 and concluded on 09/10/2020. The facility was found to be in compliance with 42 CFR 483.73 Emergency Preparedness related to E0024. No deficient practice was identified.</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 10/05/2020
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Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
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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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N 000	<p>Initial Comments</p> <p>A complaint investigation (KY31950 and KY32320) and a COVID-19 focused infection control survey was initiated on 09/08/2020 and concluded on 09/10/2020. The complaints were substantiated and deficient practice was identified pursuant to 42 CFR 483.10-483.95.</p>	N 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/05/20