

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

PRINTED: 04/09/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185282	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2015
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NAME OF PROVIDER OR SUPPLIER SOUTH SHORE NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE JAMES E. HANNAH DRIVE SOUTH SHORE, KY 41175
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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 Recertification Survey was initiated on 03/24/15 and concluded on 03/26/15 with deficiencies cited with the highest Scope and Severity of an "E".

F 411 483.55(a) ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS
SS=E

The facility must assist residents in obtaining routine and 24-hour emergency dental care.

A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review, it was determined the facility failed to ensure each resident was afforded the opportunity to have routine dental services for four (4) of twelve (12) sampled residents (Residents #1, #2, #3 and #11).

The findings include:

Interview with the Administrator on 03/26/15 at 3:31 PM revealed the facility did not have a specific policy governing routine dental services

F 000

South Shore Nursing and Rehabilitation Center strives to ensure that residents receive routine and emergency dental services.

F 411

South Shore Nursing and Rehabilitation Center has an established relationship with Special Care, Inc, a company contracted to perform on-site dental care to all residents of South Shore Nursing and Rehabilitation Center who have enrolled in its services. The Center also encourages its residents to utilize services from local dentists as they choose.

4/23/15

Social Services Director interviewed the Guardians for Residents #1 and #4 both declined dental services. Residents #2 and #3 also declined. A declination form was placed in each chart and documented in the medical record.

On 4/13/15, an audit was conducted by Social Services Director and Director of Nursing to determine which residents had not received dental services within the last year.

On 4/14, 4/15, and 4/16/15, Department Managers at South Shore Nursing and Rehabilitation Center contacted each resident, responsible party, and/or guardian as applicable to offer the opportunity to register for dental services.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephanie Williams</i>	TITLE Administrator	(X6) DATE 4.17.15
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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 411 Continued From page 1 for residents.

1. Review Resident #1's clinical record revealed the facility admitted him/her on 08/19/03, with diagnoses which included Intellectual Disability and Aphasia. Review of the Quarterly Minimum Data Set (MDS) Assessment dated 11/07/14, and an Annual MDS Assessment dated 01/31/15, revealed the facility assessed Resident #1 as moderately cognitively impaired, and as being edentulous.

Further record review revealed no documented evidence Resident #1 was offered or provided routine dental care.

2. Review of Resident #2's clinical record revealed the facility admitted him/her on 03/10/14, with diagnoses which included Late Effect Cerebrovascular Accident (CVA), Atrial Fibrillation and Chronic Airway Obstruction. Review of the Significant Change MDS Assessment dated 02/20/15, revealed the facility assessed Resident #2 to be severely cognitively impaired, and as edentulous.

Further record review revealed no documented evidence Resident #2 was offered or provided routine dental care.

3. Review of Resident #3's clinical record revealed the facility admitted him/her on 08/05/11, with diagnoses which included Diabetes Type II, Osteoarthritis and End Stage Renal Disease (ESRD). Review of the Quarterly MDS Assessment dated 01/21/15 revealed the facility assessed Resident #3 as cognitively intact and interviewable.

F 411 The names of those who chose to decline were also logged on the enrollment forms with the declination noted on the form.

These forms were filed in the residents' medical records.

Record of the resident's choice was logged in the electronic medical record for ease of accessing this information.

The Center has created a tracking system that entails that with each new admission, the resident/patient will be asked to enroll in or decline dental services. Acceptance or declination will be noted on the form. The paper will be filed in the medical record. Resident preference will then be logged in the electronic medical record.

An audit will be performed monthly for three months in conjunction with Quality Assurance Performance Improvement Meeting (QAPI) to ensure each new admission's acceptance or declination is filed on his/her chart, and this is documented appropriately in the medical record.

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F 411 Continued From page 2 F 411

Interview with Resident #3 on 03/25/15 at 4:10 PM, revealed the resident had dentures; however, did not wear them. Resident #3 revealed he/she did not recall the facility ever asking if he/she wanted to see a dentist.

Further record review revealed no documented evidence Resident #3 was provided routine dental care.

4. Review of Resident #11's clinical record revealed the facility admitted him/her on 07/18/08, with diagnoses which included Cerebral Palsy, Severe Intellectual Disability and Dysphagia. Review of the 01/16/15 MDS Assessment revealed the facility assessed Resident #11 as severely cognitively impaired.

Further record review revealed no documented evidence Resident #11 was provided routine dental care.

Interview with the Director of Nursing (DON) on 03/26/15 at 3:02 PM, revealed the facility had a dental program for all residents to receive routine dental care. The DON revealed however, she did not have any responsibility for the program and was unsure what the process was to track the program, resident participation and/or refusals.

Interview with the Social Services Director (SSD) on 03/26/15 at 3:10 PM, revealed upon admission residents were asked if they wanted to see their own dentist or the facility's dentist. Per interview, if the resident elected to see the facility's dentist, she assisted the resident in filling out the application. The SSD revealed the facility dentist was supposed to keep track of residents who had been seen for dental care, and was supposed to

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F 411 Continued From page 3
 send a list of residents to be seen every month to her. Continued interview revealed residents' Physician also performed an annual oral exam and notified her if a resident needed a dental appointment. Per the SSD, she was trying to keep up with the referrals; however, there was not a current tracking system to ensure all residents were being offered routine dental examinations.

 Interview with the Administrator on 03/26/15 at 3:31 PM, revealed all residents had the right to routine and emergency dental services. She stated the facility had "not done a good job" of tracking if residents or their Responsible Party wanted the resident to be seen by the dentist.

F 411

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K 000	INITIAL COMMENTS	K 000		
	<p>Building: 01</p> <p>Survey under: NFPA 101 (2000 Edition)</p> <p>Plan approval: 1938, 1988</p> <p>Facility type: SNF/NF</p> <p>Type of structure: One (1) story with basement: Type III (211) 1988 Type III (200) 1937</p> <p>Smoke Compartments: four (4)</p> <p>Fire Alarm: Complete fire alarm with smoke detectors in corridors and electrical room. Heat detector located in basement. New panel installed 2011.</p> <p>Sprinkler System: Complete automatic sprinkler system (dry) installed 1988</p> <p>Generator: Type II fuel source is propane installed 2003</p> <p>A Standard Life Safety Code Survey was conducted on 03/24/15 and the facility was found not to be in compliance with the requirements for participation in Medicare and Medicaid. Deficiencies were cited with the highest deficiency of a "D". The census on the day of the survey was forty-eight (48). The facility is licensed for sixty (60) beds.</p> <p>The following demonstrate noncompliance with Title 42 et Seq. Code of Federal Regulations,</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Wendell Downard</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4.17.15</i>
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K 000	Continued From page 1 483.70(a) (Life Safety from Fire).	K 000		
K 056	NFPA 101 LIFE SAFETY CODE STANDARD	K 056		

SS=D
If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5

This STANDARD is not met as evidenced by:
Based on observation and interview, it was determined the facility failed to ensure complete coverage of the automatic sprinkler system for the building, according to National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect two (2) of four (4) smoke compartments, two (2) residents, staff and visitors.

The findings include:

Observation, on 03/24/15 at 4:53 PM, with the Maintenance Director, revealed two (2) shower stalls on Short Hall were not protected by the facility's Automatic Sprinkler System. Interview, with the Maintenance Director at the time of observation, revealed the facility relied on an

To the best of my knowledge and belief, as an agent of South Shore Nursing and Rehabilitation Center, the following plan of correction constitutes a written allegation of substantial compliance with federal Medicare and Medicaid requirements.

Preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the alleged deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law.

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K 056 Continued From page 2
outside contractor to ensure all areas of the facility were protected by the automatic sprinkler system.

Observation on 03/24/15 at 5:12 PM, with the Maintenance Director, revealed two (2) shower stalls on Long Hall were not protected by the facility's Automatic Sprinkler System. Interview, with the Maintenance Director at the time of observation, revealed the facility relied on an outside contractor to ensure all areas of the facility were protected by the automatic sprinkler system.

The findings were confirmed with the Administrator during the exit conference.

Reference: NFPA 101 (2000 Edition)

19.1.6.2 Health care occupancies shall be limited to the types of building construction shown in Table 19.1.6.2. (See 8.2.1.)

Exception: Any building of Type I(443), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible supports, decking, or roofing, provided that the following criteria are met:

- (a) The roof covering meets Class C requirements in accordance with NFPA 256, Standard Methods of Fire Tests of Roof Coverings.
- (b) The roof is separated from all occupied portions of the building by a noncombustible floor assembly that includes not less than 2 1/2 in. (6.4 cm) of concrete or gypsum fill.
- (c) The attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system.

K 056 South Shore Nursing and Rehabilitation Center strives to ensure compliance with NFPA 101 Safety Code Standards requiring sprinkler systems to be maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.

On 4/14/15, Maintenance Director contacted Sentry Fire & Associates to ask them to assess the installation of sprinkler heads in the two shower stalls in the two shower rooms, on the Short Hallway and Long Hallway, respectively.

On 4/16/15, Sentry Fire assessed the above mentioned areas and installed sprinkler heads in all four shower stalls.

Simplex Grinnell will audit sprinkler heads for placement and function as part of their quarterly audits.

During his monthly audits, Maintenance Director will continue to visually inspect the sprinkler system, including its switches, valves and other entities as applicable.

Results of these audits will be forwarded to the monthly Quality Assurance Performance Improvement (QAPI) meeting for further monitoring and continued compliance.

4/23/15

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K 056 : Continued From page 3

Table 19.1.6.2 Construction Type Limitations

Construction Type	Stories			
	1	2	3	4
I(443)	X	X	X	X
I(332)	X	X	X	X
II(222)	X	X	X	X
II(111)	X	X*	X*	NP
II(000)	X*	X*	NP	NP
III(211)	X*	X*	NP	NP
III(200)	X*	NP	NP	NP
IV(2HH)	X*	X*	NP	NP
V(111)	X*	X*	NP	NP
V(000)	X*	NP	NP	NP

X: Permitted type of construction.
NP: Not permitted.
*Building requires automatic sprinkler protection.
(See 19.3.5.1.)

Center for Medicare/Medicaid Survey and Certification letter 13-55-LSC

K 056 To the best of my knowledge and belief, as an agent of South Shore Nursing and Rehabilitation Center, the following plan of correction constitutes a written allegation of substantial compliance with federal Medicare and Medicaid requirements.

Preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the alleged deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law.

South Shore Nursing and Rehabilitation Center strives to ensure that the center promotes each residents right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.