

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

PRINTED: 11/19/2015
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 11/18/2015 |
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| NAME OF PROVIDER OR SUPPLIER GLASGOW STATE NURSING FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE 207 STATE AVENUE GLASGOW, KY 42141 |
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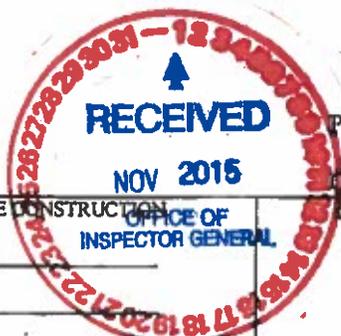
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| {F 000} | <p>INITIAL COMMENTS</p> <p>An Onsite Revisit Survey to the 09/17/15 Recertification Survey was completed on 11/17/15 through 11/18/15 and determined the facility was in compliance on 11/06/15, as alleged in the acceptable PoC.</p> | {F 000} | | |
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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.

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| F 000 | INITIAL COMMENTS | F 000 | | |
| F 151 SS=E | <p>A Recertification Survey was conducted on 09/15/15 through 09/17/15 with deficient practice identified at the highest Scope and Severity of an "E".</p> <p>483.10(a)(1)&(2) RIGHT TO EXERCISE RIGHTS – FREE OF REPRISAL</p> <p>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of the facility's policy, and Resident Handbook, it was determined the facility failed to ensure six (6) of fifteen (15) sampled residents (Residents #4, #5, #6, #10, #11 and #13), exercised their rights in regard to what time they arose each morning, choice to eat in their rooms or dining room, keep snacks in their rooms, and access to the secure courtyard without staff's presence.</p> <p>The findings include:</p> <p>Review of the Resident Handbook, dated 2015, revealed a section on Resident Rights was included. Review of the Resident Rights revealed forty (40) rights. Review of Right #20 revealed the resident had the right, if responsible, not to</p> | F 151 | <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident #4, #5, #6 and #10 were assessed by <u>day shift RN</u> using the new Eating Assessment and Courtyard Assessment <u>on October 22, 2015</u>. Activity staff <u>assessed</u> the identified residents using the new <u>Resident Preference Assessment form on October 22, 2015</u>. <u>Resident #11 and #13 will be assessed within 48 hours upon return to facility by RN using the new Eating Assessment and Courtyard Assessment. Activity staff will assess resident #11 and #13 within 48 hours upon return to facility utilizing the new Resident Preference Assessment form.</u></p> <p><u>Resident #4 and #6 were assessed for a Eating Supervision Level 1 with staff to provide line of sight observation at 15-30 minute intervals, may keep snacks consistent with diet orders in their room in a sealed lid container, gets up when chooses, and needs supervision in the courtyard. Outdoor activities are offered at a minimum of daily by activity staff. Resident #5 assessed for a Eating Supervision Level 2 with staff to provide line of sight observation while eating, snacks consistent with diet orders are available in the kitchenette and may be provided in the room with supervision or in the common area at their request, gets up when chooses, and has unsupervised access to courtyard with use of an access bracelet. Resident #10 assessed for a Eating Supervision Level 1 with staff to provide line of sight observation at 15-30 minute intervals, may keep snacks consistent with diet orders in room in a sealed lid container, gets up when chooses, and has unsupervised access to courtyard with use of an access bracelet. Residents #5 and #10 were educated on the use of the bracelet.</u></p> | 11/6/15 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [Signature] TITLE: Facility Director (X6) DATE: 10-23-15

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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| 1F 151 | <p>Continued From page I</p> <p>be detained against his/or will. Further review revealed "The resident shall be permitted and encouraged to go outdoors and leave the premises as they wish unless a legitimate reason can be shown and documented." Additionally, "The above stated rights shall apply in all cases unless medically contraindicated and documented by a physician in writing in the resident's medical record."</p> <p>Review of the Community Living Rules revealed the facility would provide daily meals in the dining room or designated areas on the Resident Care Pods. A physician's order was required for anyone requesting to leave the pod without facility staff. A request should be made by the legal representative forty-eight (48) to seventy-two (72) hours ahead of time to the unit nurse or Social Service for any such approval.</p> <p>Review of the facility's policy for the Resident Courtyard, dated 09/27/13, revealed the courtyard was built to give residents access to the outdoors and to be around nature with its healing effects. Staff must be in the courtyard to ensure resident safety. At no time shall a resident be allowed to enter or be in the courtyard unattended.</p> <p>Observation during the initial tour of the facility, on 09/15/15 at 8:24 AM, revealed the resident's living quarters were divided into four (4) Pods that were locked and required a badge to enter. Tour of Pod 2, on 09/15/15 at 8:26 AM, revealed there were thirteen (13) resident rooms inside the Pod with a census of twenty-four (24) residents. Observations revealed an enclosed courtyard leading off the Pod. A badge was required to</p> | F 151 | <p><u>Day shift RN reviewed and revised Resident #4, #5, #6 and #10 care plans by October 23, 2015, to reflect eating supervision levels and courtyard assessments. Resident #11 and #13 care plans will be addressed within 48 hours upon return to facility by RN.</u></p> <p><u>Activity staff reviewed and revised Resident #4, #5, #6, and #10 care plans on October 22, 2015 to reflect residents get up when they choose, where they want to eat their meals, and snacks in their rooms. Resident #11 and #13 will be assessed within 48 hours upon return to facility by activity staff.</u></p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p><u>Day shift RN will assess all other residents using the Eating Assessment and Courtyard Assessment by November 6, 2015. Activity staff will assess all other residents using the Resident Assessment Preference form by November 6, 2015.</u></p> <p><u>RN will review and revise all other care plans by November 6, 2015, to reflect eating supervision levels 1 and 2 and unsupervised courtyard access with bracelet or supervised access. Residents who assess to require courtyard supervision will have at a minimum daily courtyard time offered to them, weather permitting. Care plans will be updated by Day Shift RN within 24 hours of completion of assessments.</u></p> <p><u>Activity staff will review and revise care plans to reflect resident gets up when they choose, where they want to eat their meals, and snacks in their room, based on resident assessments by November 6, 2015. Care plans will be updated by Activity staff within 24 hours of completion of assessment.</u></p> <p><u>All new admissions will be assessed within 48 hours by a RN using the Eating Assessment and Courtyard Assessment. Activity staff will assess all new admissions within 48 hours using the Resident Preference Assessment form.</u></p> | | |

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| F 151 | <p>Continued From page 2</p> <p>access the courtyard.</p> <p>A Group Resident Council Meeting was held, on 09/15/15 at 2:30 PM, with eight (8) residents in attendance including the Vice-President. During the interview regarding facility rules, Resident #10 voiced he/she had to get up at a certain time for breakfast. He/she stated residents were not allowed to eat in their rooms, that it was against the rules. The resident also voiced a concern about Resident Rights regarding not being able to go outside in the courtyard without staff. The resident stated it was a facility rule that residents could not go off the Pod or go outside in to the enclosed courtyard without staff. All eight (8) residents agreed with Resident #10's statements.</p> <p>Observation of the lunch meal, on 09/17/15 at 12:24 PM, revealed five (5) residents eating at the dining table inside Pod-2 and four (4) residents eating on bedside tables in the same area. Five (5) residents were escorted to the main dining room (off the Pod) by staff. There were no residents eating in their rooms.</p> <p>1. Record review revealed the facility admitted Resident #11 on 03/11/13 with diagnoses to include Borderline Intellectual Functioning, Mood Disorder, and Diabetes.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 07/14/15, revealed the facility conducted a Brief Interview for Mental Status (BIMS), with a score of nine (9) out of possible fifteen (15), indicating the resident was interviewable. The facility assessed the resident to be independent with transfers and ambulation. Review of the comprehensive MDS, dated</p> | F 151 | <p><u>All residents will be assessed quarterly, with significant change and annually on the Court-yard Assessment and Eating Assessment as a component of the MDS assessment by the MDS Nurse. Courtyard Assessments will be completed by a RN when resident is noted to have a change in mental, physical, or psychosocial status. Eating Assessments will be completed by MDS Nurse with any change in diet consistency order.</u></p> <p><u>Activity staff will assess residents quarterly, with significant change, when resident is noted to be withdrawn or showing little interest in participation, and annually using the Resident Preference Assessment as a component of the MDS assessment.</u></p> <p>What measures will be put into place, or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <p>The Community Living section of the Resident Handbook was <u>reviewed and revised on 10/8/15 by Social Services Director</u> to delete the requirement of a physician's order for anyone requesting to leave the pod without facility staff and the requirement that the legal representative request forty-eight (48) to seventy-two hours ahead of time to unit nurse or Social Service for any such approval. <u>Number 3 of the Community Living section was revised to include resident rooms as a dining location. Number 4 was deleted stating, "Drinks, food and personal items considered being at risk of causing injury to self or others, may be kept at the kitchenette or in your personal pan located in your closet. Number 8 was added to include each pod has a courtyard to enjoy outdoor space and fresh air. All current residents were provided with updated Resident Handbook on 10/23/15 by Social Services support staff. Resident number #11 and #13 will be provided Resident Handbook by Social Services staff on admission. Legal representatives were mailed an updated Resident Handbook on 10/22/15 by Social Services support staff. All future residents and their legal representatives will be provided with a Resident Handbook on admission.</u></p> | |

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| F 151 | <p>Continued From page 3</p> <p>12/09/15, revealed under the preferences for customary routine and activities, the resident stated it was very important to him/her that they go outside and get fresh air when weather was good.</p> <p>Review of the comprehensive care plan, initiated on 05/03/13 and reviewed on 07/12/15, revealed the facility had determined the resident was independent for meeting emotional, intellectual, physical, and social needs. The care plan revealed the resident's preferred activities including being outdoors.</p> <p>Observation of Resident #11, on 09/16/15 at 2:02 PM, revealed the resident was outside in the courtyard with another resident and one (1) staff member. The resident was observed to be outside approximately fifteen (15) minutes.</p> <p>Interview with Resident #11, on 09/16/15 at 2:23 PM, revealed he/she was a farmer and loved the outdoors. The resident stated he/she would go outside whenever staff would take him/her. The resident stated he/she could not go outside in the courtyard or off the Pod without staff because "it was against the rules". The resident stated the staff had told him/her it was a rule that staff had to be with any resident off the Pod or in the courtyard. The resident stated when he/she was at another nursing facility, they could sit outside on a porch and watch traffic go by whenever he/she wanted. The resident said he/she liked that and had never attempted to leave that facility.</p> <p>Further observation of Resident #11, on 09/17/15 at 9:02 AM, revealed the resident sitting on the</p> | F 151 | <p>All nursing/activity staff (<i>state or contract</i>) will be in-serviced <u>by Staff Development Nurse/day shift RN</u> on the Resident Handbook and Policy "AG-005 Resident Rights" <u>by November 6, 2015</u>. <u>Newly hired nursing/activity staff (state or contract) and staff returning from leave will be in-serviced on the Resident Handbook and Policy "AG-005 Resident Rights" by Staff Development Nurse/day shift RN prior to reporting for their assigned shift.</u></p> <p><u>Nursing Policy "Eating Supervision" and Eating Assessment form were issued by Director of Nursing on 10/21/15 to include Supervision Levels 1 and 2. Supervision Level 1: For residents with no swallowing precautions who are independent with tray set up only. Staff will provide line of sight observations of the resident while eating at 15-30 minute intervals and provide reminding, cueing, or offering substitutions as needed. May keep snacks <u>consistent with diet orders</u> in room in sealed lid container. Supervision 2: For residents with swallowing precautions, or residents requiring partial or total assistance with their meal, or residents identified by the eating assessment to require this level of supervision. Staff will provide line of sight observation while resident is eating. Snacks <u>consistent with diet orders are available in the kitchenette for residents with supervision. These may be provided in the room with supervision or in common area at their request.</u></u></p> <p>The Eating Supervision level <u>1 and 2 were added to</u> Policies "Diet Changes and Reports", "Supervision of Resident Nutrition" and "<u>Tray Card</u>" <u>by Director of Nursing on 10/21/15</u>. All nursing staff will be in-serviced <u>by Staff Development/day shift RN</u> on the nursing policies "Eating Supervision/Eating Assessment", "Diet Changes and Reports", and "Supervision</p> | |

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| F 151 | <p>Continued From page 4</p> <p>bed in the resident's room. Interview with the resident revealed residents could not eat in their rooms because it was against the rules. The resident stated the residents had to go to the main dining room or eat on the Pod. He/she stated the residents had been told they cannot keep snacks, candy, cookies, or gum, in their room. If family brings snacks to them, the snacks must be kept locked at the nurses station and the residents must ask the staff when they want a snack. He/she stated the residents must eat the snacks at the table inside the Pod and was not allowed to eat in their rooms. The resident stated he/she loved coffee but must drink the coffee at the table inside the Pod, and cannot take the coffee to his/her room. The resident stated he/she could not go outside alone and cannot go outside in the evenings, which was something the resident loved to do. The resident indicated, since the courtyard and Pod was locked, the resident was dependent on staff to allow him/her access to the courtyard or off the Pod.</p> <p>Review of the Activity Participation Sheet revealed the facility utilized three (3) codes for outside events. Review of the July 2015 Participation Sheet revealed Resident #11 participated in one (1) outside activity. In August 2015, the resident participated in two (2) outside activities, and in September 2015, the resident participated in three (3) outside activities, two (2) of which were during the Recertification Survey.</p> <p>2. Record review revealed the facility admitted Resident #4 on 06/04/15 with diagnoses to include Dementia with Mood and Behavior Disturbance, Anxiety, Depression, Seizures, Congestive Heart Failure, and Hypertension.</p> | F 151 | <p><u>of Resident Nutrition" by November 6, 2015. Newly hired nursing staff (state or contract) and nursing staff returning from leave will be in-serviced by Staff Development Nurse/day shift RN on Nursing Policies "Eating Supervision", "Diet Changes and Reports", and "Supervision of Resident Nutrition" prior to reporting for their assigned shift.</u></p> <p><u>Staff Development Nurse/day shift RN will in-service all dietary and nursing staff on Dietary "Trav Card" Policy by November 6, 2015. Newly hired nursing staff/dietary staff (state or contract) and dietary and nursing staff returning from leave will be in-serviced on "Trav Card" Policy by Staff Development Nurse/ day shift RN prior to reporting for their assigned shift.</u></p> <p><u>Resident Assessment Preference Policy and form was finalized on 10/21/15 by Social Services Director to include: resident preferences of when choose to get up , snacks in room, dining location preferences, and spending time outdoors/ access to courtyard.</u></p> <p><u>The Social Services Director in-serviced all activity staff on the Resident Assessment Preference policy on October 22, 2015. Newly hired activity staff (state or contract) will be in-serviced on the Resident Assessment Preference form by Staff Development Nurse prior to reporting for their assigned shift.</u></p> <p><u>Courtyard Policy and Courtyard Assessment was finalized on 10/22/15 by Associate Director. Residents who meet the assessment criteria will have unsupervised access to and from the courtyard. Access to courtyard will be from 7a.m. to 7 p.m. Times may be adjusted for daylight savings time and weather and temperature advisories. Residents meeting the assessment</u></p> | |

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| F 151 | <p>Continued From page 5</p> <p>Review of the admission MDS, dated 06/10/15, revealed the resident stated it was very important to him/her to go outside to get fresh air when the weather was good. Review of the care plan, dated 06/10/15 and reviewed on 09/08/15, revealed interventions to invite the resident to scheduled activities and assist/escort to the activity function.</p> <p>Observation of Resident #4, during tour of Pod-2, on 09/15/15 at 8:26 AM, revealed the resident was in bed with his/her eyes closed. Observation at 11:45 AM, revealed the resident was dressed and ambulating independently on the Pod. At 2:30 PM, the resident was in attendance of the Group Resident Council Meeting with the surveyor. The resident was in agreement when Resident #10 stated the courtyard was locked and residents could not access this area without staff's assistance.</p> <p>Review of the August 2015 Activity Participation Sheet revealed the resident participated in outdoor activity four (4) times that month with a total of one (1) hour outdoors.</p> <p>3. Record reveal revealed the facility admitted Resident #13 on 11/16/14 with diagnoses to include Vascular Dementia with Delusions and Behavioral Disturbances, Psychosis, Traumatic Brain Injury, and Atrophy of the Brain.</p> <p>Review of the most recent annual MDS assessment, dated 09/01/15, revealed the facility assessed the resident to have no cognition loss with a BIMS score of fifteen (15) out of possible fifteen (15). The facility assessed the resident to</p> | F 151 | <p><u>criteria have a wrist band to access the locked court yard by scanning at the badge scanners located by the entrance/exit doors to the courtyard.</u> The residents who are assessed to have unsupervised access to courtyards but are unable to wheel/transport themselves will be assisted to and from courtyard. <u>Residents needing supervision in the courtyard will be offered a minimum of daily courtyard time weather permitting.</u> The resident care plan will reflect the courtyard assessment.</p> <p><u>All nursing/activity staff will be in-serviced by Staff Development Nurse/day shift RN on "Court yard" Policy by November 6, 2015. Newly hired staff (state or contract) and staff returning from leave will be in-serviced by Staff Development Nurse/day shift RN on the Courtyard Policy prior to reporting for their assigned shift.</u></p> <p><u>A Post-Quiz will be administered to all nursing and activity staff by the Staff Development Nurse/day shift RN by 11/6/15. Newly hired staff (state or contract) and staff returning from leave will be in-serviced by Staff Development Nurse/day shift RN prior to reporting for their assigned shift.</u></p> <p>How the corrective actions(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance will be put into place.</p> <p>Continuous Quality Improvement/Social Services Indicator: Quality of Life/Resident Interview SS-4 was <u>revised on 10/5/15 by Social Services Director. The following criteria questions were added: #6 Do you go to bed and get up when you choose? #21 Do you get to eat/drink where you choose to? #22 Are you able to store your food/fluids in your room? Care plan to reflect resident preferences.</u> Social Services staff will interview five residents <u>per 25 bed unit</u> each month and question them about quality of life issues. <u>Identified issues will be addressed by the Social Services Director utilizing the Plan of Action form that identifies: Indicator name,</u></p> | | |

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| F 151 | <p>Continued From page 6</p> <p>be independent with transfers and ambulation with a steady gait and no balance deficit. The resident was assessed at risk for falls related to left ankle contracture. The assessment revealed no mood or delirium noted and no wandering behaviors were documented. The record revealed the facility placed the resident on an ambulation maintenance program in August 2015 to maintain lower extremity strength. The resident was to ambulate to the main dining room twice a day for meals. The resident was escorted by staff.</p> <p>Review of the comprehensive care plan, initiated on 11/11/14 and revised on 09/03/15, revealed the resident was independent for meeting emotional, intellectual, physical, and social needs. The goal was for the resident to attend activities of choice two (2) per week. The interventions were to provide a activity program of activities of interest and empowers the resident by encouraging/allowing choice, self-expression, and responsibility. The resident needs assistance/escort to activity functions. In addition, under the at risk for falls care plan, initiated on 11/20/14 and revised on 09/10/15, revealed the resident was to be encouraged to participate in activities that promote exercise, physical activity for strengthening and improving mobility such as walking.</p> <p>Observation during a tour of Pod-2, on 09/15/15 at approximately 9:05 AM, revealed Resident #13 laying in bed with his/her eyes closed. Observation on 09/17/15 at 9:40 AM, revealed the resident was standing beside the bed exercising. Observation of the Pod revealed an outside activity was being held with ten (10)</p> | F 151 | <p><u>problems identified, action (s) to be taken, responsible party, target date, follow up responsible party and date. The Social Services director will report to Facility Administrator at the time of discovery.</u> The Social Services Director will present findings at the quarterly CQI/QA committee meeting. The facility director is responsible for reviewing all reports shared at the quarterly CQI/QA committee meeting.</p> <p>Continuous Quality Improvement Activities Indicator Act-2 was revised on 10/5/15 by Social Services Director. The following criteria questions were added: #16. Do you get to go outdoors when you choose? #17. Care plan has been updated to reflect resident preferences. Social Services staff will interview five residents per 25 bed unit each month regarding quality of life issues. Identified issues will be addressed by the Social Services Director utilizing the Plan of Action form that identifies: Indicator name, problems identified, action (s) to be taken, responsible party and target date. The Social Services director will report to facility Administrator at the time of discovery. The Social Services Director will ensure random audits every month utilizing with findings being presented at the quarterly CQI/QA committee meeting. The facility director is responsible for reviewing all reports shared at the quarterly CQI/QA committee meeting.</p> | | |

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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/17/2015 |
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| F 151 | <p>Continued From page 7</p> <p>residents in attendance.</p> <p>Interview with Resident #13, on 09/17/15 at 9:41 AM, revealed he/she loved to exercise and walk. Further interview revealed the resident loved to walk and spend time outdoors. The resident was unaware of the outside activity in progress and had not been asked to attend. The resident then stated he/she did not like to be outside with other residents, he/she liked to be alone. The resident stated he/she could not go outside in the secure courtyard without staff, it was against the rules. The resident revealed he/she liked to drink coffee but had to sit at the table beside the nurses' station and was not allowed to drink the coffee inside his/her room. The resident stated no food or drink was allowed in his/her room, it was against the rules.</p> <p>Interview with Activity Staff #1, on 09/17/15 at 9:50 AM, revealed Resident #13 liked to exercise and walk. She stated the resident would request to go outside infrequently, but she did not know if the resident had been invited to the outdoor activity (oldies music) in progress. She stated there was no reason the resident could not go outside, but all residents must be supervised while outside for safety reasons. She validated resident could not go outside into the secure courtyard alone. She stated if the weather was good, the Activity Department tried to conduct activities outside.</p> <p>Observation, on 09/17/15 at 9:55 AM, revealed Activity Staff #1 assisted Resident #13 outside and walked with the resident in the secure courtyard. The resident was observed to be independent with ambulation without balance</p> | F 151 | | | |

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| F 151 | <p>Continued From page 8</p> <p>deficit.</p> <p>Review of the activity participation sheet for July and August revealed the resident participated in two outings (one each month), and in September the resident was documented to be outside two (2) days, one (1) time being on September 17, 2015, during the survey.</p> <p>Interview with the Licensed Practical Nurse (LPN) #2, on 09/17/15 at 10:30 AM, revealed the resident likes to walk and the staff walked with the resident outside the Pod but within the building. She stated residents are not allowed to walk outside the Pod or in the courtyard without staff. She stated the resident is escorted off the Pod to the main dining room for meals.</p> <p>Interview with the Social Worker/Activity Director, on 09/15/15 at 2:32 PM, revealed she completed the Cognition, Mood, and Psychosocial sections of the MDS assessments. She completed the interview for Activity Preferences for the residents and noted Residents #4, #11, and #13 stated it was very important for them to go outside when the weather was good. She stated Resident Rights are reviewed with the residents upon admission and given a copy. In addition, Resident Rights are reviewed during the Resident Council meetings. She validated residents are escorted from the Pods and must be supervised by staff outside in the courtyards. She said residents are not allowed to eat in their rooms without supervision, including snacks. She stated another resident could wander into the resident's room and choke on the food. She stated all snacks must be locked in the kitchenette (locked</p> | F 151 | | | |

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| F 151 | <p>Continued From page 9</p> <p>room) and the nursing staff must supervise the snacks and liquids given to the residents. This would include coffee, soda, and any liquid. Residents cannot drink in their rooms.</p> <p>4. Record review revealed the facility admitted Resident #5 on 07/21/14 with diagnoses to include Anemia, Obesity, Mental Retardation, and Depression. Review of a quarterly MDS assessment dated 08/11/15, revealed the facility had assessed Resident #5's cognition as intact with a BIMS score of fifteen (15), indicating the resident was interviewable.</p> <p>Interview with Resident #5, on 09/17/15 at 10:47 AM, revealed he/she liked to go outside to the courtyard at the facility. Resident #5 stated due to the facility rules, he/she was only allowed to go outside when the facility staff could go with him/her. Additional interview with Resident #5 revealed he/she was only able to eat at the dining table in the Pod area or in the main dining area. Resident #5 stated sometimes he/she would like to eat in his/her room.</p> <p>5. Record review revealed the facility admitted Resident #10 on 04/21/15 with diagnoses to include Vitamin B and Vitamin B-12 Deficiency. Review of a quarterly MDS assessment, dated 07/07/15, revealed the facility had assessed Resident #10 as moderately impaired with a BIMS score of eleven (11), indicating the Resident was interviewable.</p> <p>During the Group Resident Council Meeting, held on 09/15/15 at 2:30 PM, Resident #10 voiced he/she had to get up at a certain time for</p> | F 151 | | | |

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| F 151 | <p>Continued From page 10</p> <p>breakfast. The resident stated residents were not allowed to eat in their rooms, that it was against the rules. The resident also voiced a concern about Resident Rights regarding not being able to go outside in the courtyard without staff. The resident stated he/she had been told it was a facility rule that residents could not go off the Pod or go outside in the enclosed courtyard without staff.</p> <p>Interview with the Social Worker/Activity Director, on 09/17/15 at 2:32 PM, revealed all residents have to be supervised when off the Pod or outside in the secure courtyard. She stated this was for the residents' safety. She said that was how the facility had always done it and did not know about a particular policy. She stated that had always been the rule. She revealed there was no specific outside activities placed on the activity calendar but if the weather was pretty, the activity department tried to conduct activities outside. She stated the resident could request to go outside and if staff was available, they would escort them outside. She stated not all locations within the enclosed courtyard could be visualized by staff. She continued to say, a resident could fall and sustain an injury without staff's knowledge if left in the courtyard alone.</p> <p>Interview with the Interim Director of Nursing (DON), on 09/17/15 at 3:08 PM, revealed the facility had a policy for all residents to be supervised in the courtyard. Staff must be present during activities and visits in the courtyard. Resident cannot go outside without staff present, this was for the residents' safety. She stated it was all about safety. She validated the courtyard was secure but still required staff</p> | F 151 | | | |

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| F 151 | <p>Continued From page 11</p> <p>supervision. No exceptions.</p> <p>Interview with the Associate Director, on 09/17/15 at 3:50 PM, revealed the facility policy was for the safety of the residents. She stated the supervision of all resident when in the courtyard was for safety. She had not considered the residents' rights.</p> <p>Interview with the Administrator, on 09/17/15 at 4:10 PM, revealed the courtyard policy was developed upon the move to the new building. She stated it was for the safety of all residents to be supervised by staff because a portion of the courtyard could not be visualized from inside the building. She stated a resident could fall where the staff could not see them. It could be a safety hazard. She stated she wanted residents to be able to go outside and be safe. She revealed the camera outside was pointed toward the exit door and did not include all of the courtyard. She stated again that the facility had to look at safety.</p> <p>6. Record review revealed the facility admitted Resident #6 on 06/27/15 with diagnoses to include Unsteady Gait, Senile Dementia, Parkinson's Disease, and Schizophrenia. Review of the most recent Significant Change Minimum Data Set (MDS) assessment, dated 08/11/15, revealed the facility assessed the resident to have no cognitive loss with a Brief Interview for Mental Status (BIMS) score of fifteen (15) out of a possible fifteen (15). The facility assessed the resident to be independent with eating and required help with set up only for eating.</p> <p>Interview with Resident #6, on 09.15/15 at 12:30</p> | F 151 | | | |

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| F 151 | <p>Continued From page 12</p> <p>PM, revealed he/she preferred to eat his/her breakfast in his/her room. He/she stated the residents were not allowed to eat in their rooms and that it was against the rules to eat in one's room. The resident commented he/she did not mind eating lunch or supper in the Dining Room or on the Pod, but really preferred to eat breakfast in his/her room, but was not allowed.</p> <p>Interview with RN #1, on 09/16/15 at 3:20 PM, Revealed residents were not allowed to eat or drink in their rooms without the supervision of one (1) nurse or two (2) nursing assistants.</p> <p>Interview with LPN #1, on 09/17/15 at 1:00 PM, revealed none of the residents are allowed to eat in their rooms. She stated "that is just the way it is around here".</p> <p>Interview with CNA #1, on 09/17/15 at 12:30 PM, revealed that if a resident were to eat in their room, there must be two (2) nursing assistants or one (1) nurse present because of the facility's choking protocol. Therefore, residents eat in the Pods or in the Main Dining Room unless they are ill.</p> <p>Interview with the Social Services Director (SSD), on 09/17/15 at 2:35 PM, revealed it is the facility's policy that a resident must have a nurse or two (2) nursing assistants in their room to supervise while eating or drinking in their rooms.</p> <p>Interview with the Interim Director of Nursing (DON), on 09/17/15 at 3:08 PM, revealed the residents could eat in their rooms but staff would have to be present. She stated it was policy that all oral intake must be supervised including those</p> | F 151 | | |

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| F 151 | Continued From page 13 residents who do not have any swallowing or chewing problems. She stated residents cannot keep snacks in their rooms. The snacks must be kept in a locked kitchenette and resident have to ask whenever they want their snacks. The residents were not allowed to have a refrigerator in their rooms. She stated another resident could wander into the resident's room and obtain the food and choke. Interview with the Associate Director, on 09/17/15 at 3:50 PM, revealed the facility policy was for the safety of the residents. She stated it was a rule that residents cannot have snacks/food in their rooms. She stated the policy had not been reviewed since the move into the new building. Interview with the Administrator, on 09/21/15 at 3:00 PM, revealed the residents should have the right to choose where they want to eat their meals, if they are assessed to be safe to eat independently. The Administrator stated there needs to be some education and communication concerning the residents' rights to make choices. | F 151 | | |
| F 282 SS=E | 483.20(k)(3)(ii) SERVED BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to | F 282 | What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. <u>Using the Resident Preference Assessment and the Courtyard Assessment, the Activity and day shift RN staff reviewed and revised Resident #4's care plan on 10/23/15. Resident #4 expressed a preference to go outdoors but did not assess to be in the courtyard unsupervised. The care plan was updated as follows: "Does not have courtyard access bracelet. Will offer outdoor activities at a minimum of daily." The courtyard will be available from 7 a.m. to 7 p.m. Times may be adjusted for daylight savings times and weather and temperature advisories. Resident #11 and #13 will be assessed within 48 hours of return to facility and care plan will be updated within 24 hours.</u> | 11/6/15 |

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| F 282 | <p>Continued From page 14</p> <p>implement the written care plan in regard to resident rights for three (3) of fifteen (15) sampled residents (Residents #4, #11, and #13).</p> <p>The findings include:</p> <p>1. Record review revealed the facility admitted Resident #11 on 03/11/13 with diagnoses to include Borderline Intellectual Functioning, Mood Disorder, and Diabetes.</p> <p>Review of the comprehensive Minimum Data Set (MDS) dated 12/09/15, revealed under the preferences for customary routine and activities, the resident stated it was very important to him/her that they go outside and get fresh air when weather was good. Review of the most recent MDS assessment, dated 07/14/15, revealed the facility conducted a Brief Interview for Mental Status (BIMS), with a score of nine (9) out of possible fifteen (15), indicating the resident was interviewable. The facility assessed the resident to be independent with transfers and ambulation.</p> <p>Review of the comprehensive care plan, initiated on 05/03/13 and reviewed on 07/21/15, revealed the facility had determined the resident was independent for meeting emotional, intellectual, physical, and social needs. The care plan stated the resident's preferred activities included being outdoors.</p> <p>Observation of Resident #11, on 09/16/15 at 2:02 PM, revealed the resident was outside in the courtyard with another resident and one (1) staff member. The resident was observed to be outside approximately fifteen (15) minutes.</p> | F 282 | <p>How you will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken.</p> <p><u>Using the Resident Preference Assessment and the Courtyard Assessment, the Activity and day shift RN staff reviewed and revised all other resident care plans by 11/6/15. Care plans of residents who were assessed as needing no supervision will have care plans as follows: "May have courtyard access bracelet. Check every 15-30 minutes while outdoors." Care plans of residents who were assessed as needing supervision will have care plans as follows: "Does not have courtyard access bracelet. Will offer outdoor activities at a minimum of daily." The courtyard will be available from 7 a.m. to 7 p.m. Times may be adjusted for daylight savings times and weather and 8 temperature advisories.</u></p> <p><u>All new admissions will be assessed within 48 hours by Activity staff/ RN using the Courtyard Assessment and Resident Preference Assessment with care plans updated by Activity staff/RN within 24 hours of assessment.</u></p> <p>What measures will be put into place, or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <p><u>All facility nursing staff/activity staff will receive in-service education by Staff Development Nurse/day shift RN on resident preferences for courtyard access care plans by 11/6/15. Newly hired nursing/activity staff (state or contract) and staff returning from leave will be in-serviced prior to reporting for their assigned shift by Staff Development Nurse/day shift RN.</u></p> | |

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| F 282 | <p>Continued From page 15</p> <p>Interview with the resident, on 09/16/15 at 2:23 PM, revealed the resident was a farmer and loved the outdoors. The resident stated he/she would go outside whenever staff would take him/her. The resident stated he/she could not go outside in the courtyard or off the Pod without staff because "it was against the rules." The resident stated the staff had told him/her it was a rule that staff had to be with any resident off the Pod or in the courtyard. The resident stated when he/she was at another nursing facility, they could sit outside on a porch and watch traffic go by whenever he/she wanted. The resident said he/she liked that and had never attempted to leave that facility.</p> <p>Review of the Activity Participation Sheet the facility utilized revealed three (3) codes for outside events. Review of the July 2015 Participation Sheet revealed Resident #11 participated in one (1) outside activity. In August 2015, the resident participated in two (2) outside activities, and in September 2015, the resident participated in three (3) outside activities, two (2) outside activities during the Recertification Survey.</p> <p>A Post-Survey telephone interview was conducted, on 09/22/15 at 10:14 AM, with Activity Aide #1. She revealed she was the person who developed the care plan for Resident #11. She stated the resident was assessed to be independent in making choices of activities he/she wanted to attend. She stated the resident loved going outside to talk and reminiscence about the past. The resident was a farmer and worked on cars and loved to talk about those</p> | F 282 | <p>How the corrective actions(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance will be put into place.</p> <p><u>The Social Services Director revised COI Monitor Activities Documentation Care Plan Review on 10/23/15 as follows: Paragraph #14 "Do activity participation sheets reflect outdoor activities as per care plan? #15 Does Care Plan/Activity Participation Sheets reflect resident preferences from assessment"? Social Services staff will conduct monthly rounds to ensure residents care coincides with the activity care plan. Social Service staff will document findings of five residents per 25 bed unit per month on the Activities Documentation Care Plan Review. Specifically, the Social Services staff will monitor the activity participation sheets which includes outdoor activities with the care plan each month under the supervision of the Facility Director. Identified issues will be addressed by the Social Services Director utilizing the Plan of Action form that identifies: Indicator name, problems identified, action (s) to be taken, responsible party and target date, follow up responsible party and date. The Social Services director will report to facility Administrator at the time of discovery. The Social Services Director will review the findings of the resident audits and whether the care plan and the participation sheets required any revisions during the quarterly COI/OA Committee meeting.</u></p> | |

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| F 282 | <p>Continued From page 16</p> <p>subjects. She continued to say the resident did not always participate in activities, but liked to watch others. The resident would go on activity outings and loved the Van rides, especially looking at the local farms. She stated the resident did not need any physical assistance, but only needed to escorted off the Pod or outside. She stated as far as care plan implementation, she knew the residents and tailored the plan to them. She stated she knew the resident liked outdoor activities and tried to offer those activities. She stated it was everyone's responsibility to invite and encourage residents to attend activities of their choice. She said she would document on the participation sheet what activities residents attended.</p> <p>2. Record review revealed the facility admitted Resident #4 on 06/04/15 with diagnoses to include Dementia with Mood and Behavior Disturbance, Anxiety, Depression, Seizures, Congestive Heart Failure, and Hypertension.</p> <p>Review of the admission MDS, dated 06/10/15, revealed the resident stated it was very important to him/her to go outside to get fresh air when the weather was good.</p> <p>Review of the care plan, dated 06/10/15, and reviewed on 09/08/15, revealed interventions to invite the resident to scheduled activities and assist/escort to the activity function.</p> <p>Review of the August 2015 Activity Participation Sheet revealed the resident participated in outdoor activities four (4) times that month with a total of one (1) hour outdoors.</p> | F 282 | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/17/2015 |
| NAME OF PROVIDER OR SUPPLIER GLASGOW STATE NURSING FACILITY | | | STREET ADDRESS, CITY, STATE, ZIP CODE 207 STATE AVENUE GLASGOW, KY 42141 | | |
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| F 282 | <p>Continued From page 17</p> <p>A Post-Survey telephone interview with Activity Aide #1, on 09/22/15 at 10:14 AM, revealed the resident ambulated independently, enjoyed movies, church, books, magazines, going on outings to the lake. She stated the resident could choose what activity he/she wanted to attend and enjoyed being outside. She stated the resident would usually go outside whenever there was an activity conducted outside. She stated if the weather was pretty, the activity department would try to conduct as many activities outside as possible because "everyone loved the outside activities."</p> <p>3. Record review revealed the facility admitted Resident #13 on 11/06/14 with diagnoses to include Vascular Dementia with Delusions and Behavioral Disturbances, Psychosis, Traumatic Brain Injury, and Atrophy of the Brain.</p> <p>Review of the most recent annual MDS assessment, dated 09/01/15, revealed the facility assessed the resident to have no cognition loss with a BIMS score of fifteen (15) out of possible fifteen (15). The facility assessed the resident to be independent with transfers and ambulation with a steady gait and no balance deficit. The resident was assessed at risk for falls related to left ankle contracture. The assessment revealed no mood or delirium noted and no wandering behaviors were documented. The record revealed the facility placed the resident on an ambulation maintenance program in August 2015 to maintain lower extremity strength. The resident was to ambulate to the main dining room twice a day for meals. The resident was escorted by staff.</p> | F 282 | | | |

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| F 282 | <p>Continued From page 18</p> <p>Review of the comprehensive care plan, initiated on 11/11/14 and revised on 09/03/15, revealed the resident was independent for meeting emotional, intellectual, physical, and social needs. The goal was for the resident to attend activities of choice twice (2) per week. The interventions were to provide a activity program of activities of interest and empowers the resident by encouraging/allowing choice, self-expression, and responsibility. The care plan revealed the resident needed assistance/escort to activity functions. In addition, under the at risk for falls care plan, initiated on 11/20/14 and revised on 09/10/15, revealed the resident was to be encouraged to participate in activities that promote exercise, physical activity for strengthening and improve mobility such as walking.</p> <p>Observation during a tour of Pod-2, on 09/15/15 at approximately 9:05 AM, revealed Resident #13 laying in bed with his/her eyes closed. Observation, on 09/17/15 at 9:40 AM, revealed the resident standing beside the bed exercising. Observation of the Pod revealed an outside activity was being held with ten (10) residents in attendance.</p> <p>Interview with Resident #13, on 09/17/15 at 9:41 AM, revealed he/she loved to exercise and walk. Further interview revealed the resident loved to walk and spend time outdoors. The resident was unaware of the outside activity in progress and had not been asked to attend. The resident then stated he/she did not like to be outside with other residents, that he/she liked to be alone. However, he/she stated they could not go outside in the secure courtyard without staff, it was</p> | F 282 | | | |

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| F 282 | <p>Continued From page 19</p> <p>against the rules.</p> <p>Review of the activity participation sheet for July and August 2015 revealed the resident participated in two (2) outings (one each month), and in September the resident was documented to be outside two (2) days, one (1) being on September 17, 2015, during the survey.</p> <p>Interview with Activity Staff #1, on 09/17/15 at 9:50 AM, revealed Resident #13 liked to exercise and walk. She stated the resident would request to go outside infrequently but she did not know if the resident had been invited to the outdoor activity (oldies music) in progress. She stated there was no reason the resident could not go outside but had to be supervised when outside for safety reasons. She validated residents could not go outside into the secure courtyard alone. She stated if the weather was good, the Activity Department tried to conduct activities outside.</p> <p>A Post-Survey telephone interview with Activity Aide #1, on 09/22/15 at 10:14 AM, revealed Resident #13 ambulated independently to the main dining room for meals. Staff had to escort the resident because the main dining room was located off the Pod. She revealed the Activity Department had worked on getting the resident out of his/her room. She revealed the resident liked watching the television-loved westerns, and attended Happy Hour (coffee and honey buns) when offered. She stated the exercising and walking was very important to the resident. She stated staff would escort the resident on walks around the building (inside) where the resident liked to visit other Pods to socialize. When the weather was good, the staff would walk with the</p> | F 282 | | | |

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| F 282 | <p>Continued From page 19</p> <p>resident outside. She stated the resident chose not to go outside during the group activities. She stated the resident like to go outside in the courtyard alone but staff had to escort and supervise the resident while outside in the courtyard. She stated the care plan developed was to allow the resident the choice on what the resident liked to do or not. She stated the resident was independent in meeting his/her needs. She stated care plan implementation was individualized. She stated the Activity Department had assessed what the resident liked and tailored the plan to meet them. She stated Resident #13 liked to exercise and they tried to offer activities that include exercises. She stated that she would invite and encourage the resident to attend those activities. She revealed she documented what activities the resident attended on the participation sheet.</p> <p>A telephone interview with the MDS Coordinator, on 09/21/15 at 1:31 PM, revealed she had completed the nursing sections of the MDS assessment and completed the care plan according to those sections. She stated all residents must be supervised/escorted off the Pod, no exceptions. She stated neither resident required physical assistance with ambulation-only supervision. She stated she did not ensure the care plan was implemented, the direct care staff does.</p> <p>A post survey telephone interview with the Interim Director of Nursing (DON), on 09/21/15 at 1:43 PM, revealed she was familiar with Residents #4, #11 and #13's care needs. She stated all three (3) residents were independent with ambulation. She stated Resident #13 was</p> | F 282 | | | |

PRINTED: 09/29/2015

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

FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/17/2015 |
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| F 282 | Continued From page 19 encouraged to ambulate and was placed on a walk and dine program where the resident to walk to dining room for meals. However, all Residents must be escorted when off the Pod or in the courtyard. | F 282 | | | |

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

PRINTED: 09/29/2015
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____ | (X3) DATE SURVEY COMPLETED 09/16/2015 |
| NAME OF PROVIDER OR SUPPLIER GLASGOW STATE NURSING FACILITY | | | STREET ADDRESS, CITY, STATE, ZIP CODE 207 STATE AVENUE GLASGOW, KY 42141 | |
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| K 000 | <p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01.</p> <p>PLAN APPROVAL: 2012.</p> <p>SURVEY UNDER: 2000 New.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type II (222).</p> <p>SMOKE COMPARTMENTS: Five (5) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 2013 with 77 smoke detectors and 2 heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system installed in 2013.</p> <p>GENERATOR: Type II generator installed in 2013. Fuel source is Diesel.</p> <p>A Standard Life Safety Code Survey was conducted on 09/16/15. The facility was found to be in compliance with the requirements for participation in Medicare and Medicaid, Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire). The facility is certified for one-hundred (100) beds with a census of sixty-nine (69) on the day of the survey.</p> | K 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.