

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

PRINTED: 05/06/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/24/2013
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NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION-WOODLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1117 WOODLAND DRIVE ELIZABETHTOWN, KY 42701
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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

An abbreviated survey was initiated and concluded on 04/24/13 to investigate KY20030. The Division of Health Care found the allegation substantiated and a deficiency was cited.

F 241 483.15(a) DIGNITY AND RESPECT OF SS=E INDIVIDUALITY

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, record review and facility policy review, it was determined the facility failed to provide grooming needs for three (3) of three (3) sampled residents and five (5) of six (6) unsampled residents (Residents #1, #2, #3, and Unsampled Residents B, C, D, E and F). The facility failed to remove facial hair for male residents.

The findings include:

Review of the facility's policy regarding Activities of Daily Living (ADL), 01/04/12, revealed resident preferences are respected and assistance is provided to residents who need extensive or total assistance with grooming and personal hygiene.

1. Observation of Resident #1, on 04/24/13 at 2:30 PM, revealed the resident was in bed with visible stubble on the face.

F 000

*This Plan of Correction is the center's credible allegation of compliance.*

June  
7,  
2013

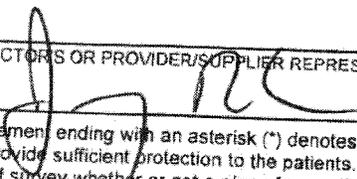
F 241

*Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*

F-241

1. Residents #1, #2, #3, and Unsampled Residents B, C, D, E, F facial hair was removed on 4/24/2013 by nursing staff.
2. All other residents were visualized by DNS on 4/24/2013 for the presence of facial hair; no other residents were affected by the deficient practice.
3. All interviewable residents were interviewed 4/24/2013, 4/25/2013, and 4/26/2013 by the Patient Advocate, LPN, Resident Angel, and/or DNS for their shaving preference. Patient Advocate, LPN, Resident Angel and/or DNS interviewed all responsible parties 4/24/2013, 4/25/2013, 4/26/2013 for non-interviewable residents shaving preference.

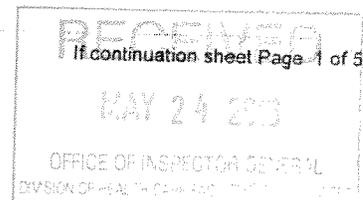
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

X 

(X6) DATE

NHA X 05.23.13

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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NAME OF PROVIDER OR SUPPLIER  <b>KINDRED NURSING AND REHABILITATION-WOODLAND</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1117 WOODLAND DRIVE ELIZABETHTOWN, KY 42701</b>
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Review of the clinical record for Resident #1 revealed the facility admitted the resident with a diagnosis of Dementia. The facility completed a Quarterly Minimum Data Set assessment on 02/05/13 which revealed the resident required extensive to total care with ADLs. Review of the care plan for Resident #1 revealed no evidence the resident refused to allow staff to shave him/her.

2. Observation of Resident #2 in the dining room, on 04/24/13 at 12:15 PM, revealed the resident was feeding his/her self lunch. The resident was observed to have visible dark stubble on the face.

Review of the clinical record for Resident #2 revealed the facility admitted the resident with diagnoses of Diabetes and Status Post Operative Amputation. The facility was not required to have completed an Admission MDS until the resident's fourteenth day. Review of the initial care plan revealed to evidence the resident had refused to allow staff to shave him/her.

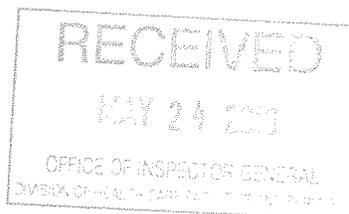
Interview with Resident #2, on 04/24/13 at 1:15 PM, revealed he had surgery for an amputation and was still weak and unable to complete ADLs independently. The resident stated his/her normal routine was to shave on a daily basis; however, since admission to the facility shaving was completed on bath day which was twice a week. The resident stated he/she was not used to looking unkempt and had requested family members purchase an electric razor that could be used daily on an independent basis.

3. Observation of Resident #3, on 04/24/13 at 12:15 PM, revealed the resident was in the

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All residents care plans and CNA assignment sheets were updated to reflect the residents shaving preference and all shaving preferences were also entered as a task in our computerized charting system to be documented on to ensure the facility was maintaining an environment that maintains and enhances each residents dignity and respect in full recognition of his or her ability.

Charge Nurse, Patient Advocate, LPN, Resident Angel, Unit Manager and/or DNS will interview all new residents and/or responsible parties upon admission for their shaving preference. The residents shaving preference will then be added to the care plan, CNA assignment sheet, and entered in the facilities



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F 241 Continued From page 2  
dining room feeding his/her self lunch. The resident was noted to have visible stubble on the face with longer hair around the upper lip.

Review of the clinical record for Resident #3 revealed the facility admitted the resident with a diagnosis of Dementia. The facility completed a Quarterly MDS assessment which revealed the resident required extensive assistance with ADLs. Review of the care plan for Resident #3 revealed no evidence the resident refused to allow staff to shave him/her.

4. Observation of Resident C, on 04/24/13 at 12:15 PM, revealed the resident had visible stubble on the face and longer hair around the upper and lower lip.

5. Observation of Resident B, on 04/24/13 at 1:30 PM, revealed the resident was in bed and had visible stubble on the face.

Interview with Resident B, on 04/24/13 at 1:30 PM, revealed the resident was not shaved except twice a week on bath day. The resident stated this was bad and not how he/she wanted to look.

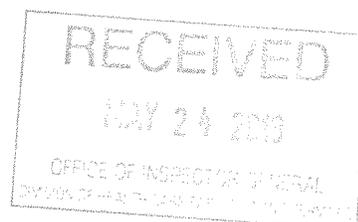
6. Observation of Resident D, on 04/24/13 at 2:45 PM, revealed the resident was seated in a wheelchair, in the common area, with dark visible stubble on the face and longer hair around the upper lip.

7. Observation of Residents E and F, on 04/24/13 at 2:55 PM, revealed the residents were in their room. Both residents were noted to have visible facial stubble.

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computerized charting system to be documented on.

SDC, DNS, and/or Unit Manager, LPN re-educated all nursing staff on Policy # 612 (Activities of Daily Living). SDC, DNS and/or Unit Manager, LPN will educate all nursing staff that all new residents and/or residents responsible parties will be interviewed upon admission for shaving preference and that the care plan, CNA assignment sheet, and task in the computerized charting system will be updated to ensure the facility is maintaining an environment that maintains and enhances each resident's dignity and respect in full recognition of his or her ability. All education will be completed by 6/07/2013.



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F 241 Continued From page 3  
Interview with Resident E, on 04/24/13 at 3:00 PM, revealed the resident had a moustache; however, he/she was always clean shaved below the moustache in the past. The resident stated he/she needed assistance with grooming and shaving by the staff on bath days which were twice a week. The resident stated a shave should have been received today since it was bath day; however, the staff member had a problem and went home. The resident stated he/she did not make a fuss about shaving as it would do no good.

Interview with Resident F, on 04/24/13 at 3:10 AM, revealed the resident needed assistance with shaving and was shaved by staff twice a week on bath day. The resident voiced concerns regarding shaving and having stubble most days of the week; however, that was the way it was. The resident stated he/she should have been shaved today; however, the staff member went home.

Interview with Certified Nurse Aide (CNA) #1, on 04/24/13 at 2:40 PM, revealed she gave residents a bed bath on non-shower days which included a shave. She stated she had not yet shaved Resident #1 and was trying to finish with her assigned residents. She stated she could not speak for other CNAs. She stated residents did not look groomed when stubble was on their faces.

Interview with CNA #2, on 04/24/13 at 3:20 PM, revealed residents were shaved twice a week on shower days. She stated she did not shave residents during daily care and was not aware of any resident preferences. She stated she had

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4. DNS, SDC, and/or Unit Manager will monitor provision of grooming by reviewing documentation and visual observation and/or interview of at least 10 residents 5 days a week x 1 week, then weekly x 2 weeks, then monthly x 3 months to ensure the facility is maintaining an environment that maintains and enhances each residents dignity and respect in full recognition of his or her ability. All findings will be reported by the DNS, SDC, and/or Unit Manger during the facilities monthly Performance Improvement Meeting with follow up education and/ or systemic changes taken as needed.

