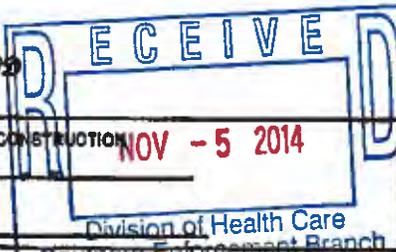


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

2nd SCD



PRINTED: 10/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2014
NAME OF PROVIDER OR SUPPLIER CORBIN HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 270 BACON CREEK ROAD CORBIN, KY 40702	
(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	F 000		
F 281 SS=D	<p>An abbreviated standard survey (KY22245) was initiated on 09/22/14 and concluded on 09/23/14. The complaint was substantiated with deficient practice identified at "D" level.</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, review of Centers for Disease Control (CDC) guidelines, and a review of the facility's policy, it was determined that the facility failed to change a Groshong catheter (an intravenous catheter used for central venous access) dressing for one (1) of three (3) sampled residents (Resident #1) every seven days per CDC guidelines. A review of Resident #1's medical record revealed the resident was readmitted to the facility on 08/25/14 with a Groshong catheter in the resident's right upper chest. The facility failed to change the dressing to the Groshong catheter insertion site from 08/25/14 until 09/16/14 (22 days), when the Ombudsman brought it to the facility's attention that the dressing had not been changed.</p> <p>The findings include: A review of The Centers for Disease Control and Prevention (CDC) guidelines, dated 2011, revealed transparent dressings on central venous catheter sites should be replaced every seven days.</p>	F 281	- See attached.	

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

Rebecca L. Hill

TITLE

Administrator

(X6) DATE

11/5/14

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 281	Continued From page 1 A review of the facility's policy titled "Protocol for Care and Access of IV Devices (Central Line, Groshong Catheters, PICC, & Medi-Ports," revised September 2014, revealed dressings on Groshong catheters were to be changed weekly and as needed by a Registered Nurse (RN) using sterile technique. A review of Resident #1's medical record revealed the facility readmitted the resident on 08/25/14 with diagnoses that included recurrent urinary tract infections, hypertension, anemia, and diabetes. A review of Resident #1's readmission nursing assessment, dated 08/25/14, revealed the resident had a Groshong catheter in the resident's right upper chest. A review of Resident #1's quarterly Minimum Data Set (MDS) assessment, dated 08/27/14, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15, which revealed the resident was cognitively intact. A review of Resident #1's readmission physician orders, dated 08/25/14, revealed the resident had orders for the Groshong catheter to be flushed prior to and after all blood draws and for the right upper chest to be monitored for signs and symptoms of infection every shift. A review of physician orders, dated 09/16/14, revealed a physician order for the Groshong dressing to be changed every week and as needed by an RN using sterile technique. A review of Resident #1's Treatment Administration Records, dated August 2014 and September 2014, revealed no documented evidence the dressing for the Groshong catheter was changed until 09/16/14, 22 days after	F 281	- See attached.	

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F 281	<p>Continued From page 2 admission.</p> <p>Interviews on 09/23/14 with Licensed Practical Nurse (LPN) #1 at 10:11 AM and LPN #2 at 10:29 AM revealed the LPNs were not responsible for the care provided to Resident #1's Groshong catheter; however, the LPNs did monitor the area for signs and symptoms of infection and there was always a transparent dressing in place, which was always clean and intact.</p> <p>Interview on 09/23/14 at 2:44 PM with the Director of Nursing (DON) revealed the DON provided care such as blood draws, replacing and cleaning the caps, and flushing Resident #1's Groshong catheter. The interview further revealed the physician had not given an order for the Groshong dressing to be changed. Continued interview revealed an order was obtained from the resident's physician on 09/16/14 to begin weekly dressing changes of the Groshong catheter. Prior to 09/16/14, dressing changes were not conducted according to the DON's knowledge.</p> <p>Interview on 09/23/14 at 3:05 PM with the Nurse Consultant, the DON, and the Administrator revealed Resident #1's Groshong site had been monitored daily for signs and symptoms of infection and the dressing was always clean and intact. The interview further revealed the Ombudsman reviewed the chart on 09/16/14 and brought it to the attention of the facility that there was not an order for Resident #1's dressing to be changed. After the Ombudsman made the facility aware, the physician was notified and an order to change the dressing weekly and as needed was obtained. Continued interview revealed a policy was put in place after the incident to ensure the</p>	F 281	- See attached		

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F 281	Continued From page 3 proper care of Groshong catheters and other intravenous devices.	F 281			
F 502 SS=D	483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: The facility failed to provide laboratory services to meet the needs of residents in a timely manner for one (1) of three (3) sampled residents (Resident #1). Resident #1 had a physician order for a PT/INR (Prothrombin Time/International Ratio is lab test that measures how long it takes for a clot to form in a sample of blood) to be drawn weekly on Monday. A review of Resident # 1's laboratory results revealed a PT/INR was not obtained for Resident #1 on Monday, 09/01/14. The PT/INR was obtained two days later on Wednesday, 09/03/14. The findings include: A review of Resident #1's medical record revealed the facility readmitted the resident to the facility on 08/25/14 with diagnoses that included recurrent urinary tract infections, hypertension, anemia, and diabetes. A review of Resident # 1's physician orders, dated September 2014, revealed the resident had an order for a PT/INR to be obtained weekly on Monday. A review of Resident #1's laboratory results revealed a PT/INR was not obtained on Monday.	F 502	- See attached.		

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NAME OF PROVIDER OR SUPPLIER CORBIN HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 270 BAGON CREEK ROAD CORBIN, KY 40702		
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F 502	Continued From page 4 09/01/14; however, a PT/INR was obtained on 09/03/14 with no orders given by the physician based on the results of the PT/INR. Interview on 09/23/14 at 3:05 PM with the Nurse Consultant, the Director of Nursing, and the Administrator revealed Resident #1's PT/INR was not obtained on Monday, 09/01/14, because it was a holiday. The interview further revealed the Clinical Coordinator reviewed labs on Tuesday, 09/02/14, and found the lab had not been done. The PT/INR was obtained on 09/03/14 and there were no changes in the resident's medication based on the results of the PT/INR.	F 502	- See attached.		

Corbin Health and Rehabilitation Center**POC****F281**

- 1. Resident #1 no longer resides at the facility. Physician of Resident #1 was notified of IV access site. Care and treatment was performed per RN to meet the professional standards of quality.**
- 2. Currently there are no residents with an IV; however, should a resident be admitted they will receive the professional standard of quality.**
- 3. In-service conducted on 9-16-14 by Director of Nursing for all Nurses regarding facility's policy on access and care to IV devices and the Centers for Disease Control guidelines with specific attention to protocol for changing intravenous insertion site dressings. To ensure intravenous insertion site dressings are changed according to the professional standard of quality, the Clinical Coordinator will review all Resident treatment records weekly. Any Resident that has an IV device requiring care an access by an RN, the Clinical Coordinator will review that Resident's Physician orders, IV Flow Sheets, treatment record, and visualize the labeling of the intravenous insertion site dressing for confirmation of accurate completion of dressing change and transcription of Resident clinical records follows the facility's policy and the Centers for Disease Control guidelines for intravenous insertion site dressing changes that meets the professional standard of quality.**
- 4. The CQI Committee designee will review five resident records that are selected at random and will focus on IV devices if available. The review will be conducted weekly for one month and then monthly for one quarter to ensure treatment and services are being followed by direct resident observation and the review of the clinical record to maintain the professional standard of quality. Direct resident observation will monitor the accurate completion of the intravenous insertion site dressing is changed according to the facility's policy and the Centers for Disease Control's guidelines. Review of the Resident's clinical record will monitor accurate transcription of the Physician orders, medication and treatment orders, care plan, and IV Flow Sheets to ensure the professional standard of quality is met. Any irregularities will be reported to the CQI Committee for further review and follow-up.**
- 5. Completion Date: September 25, 2014**

Corbin Health and Rehabilitation Center

POC

F502

- 1. The Physician of Resident #1 was notified and orders were received. Resident #1 no longer resides at facility**
- 2. All resident records reviewed and all are currently receiving timely laboratory services. Physicians were notified as indicated.**
- 3. In-services were conducted on 9-16-14 by the Director of Nursing with all Nursing staff including Administrative Nurses regarding providing and obtaining laboratory services timely to meet the needs of the Residents. Implementation of notation of instruction on the twenty-four hour change in condition report for both Nurses on duty to review the lab orders indicated on lab calendar together to ensure all labs are obtained and completed for that day timely. The in-service addressed the measure taken to ensure resident's labs are obtained timely along with the importance of ensuring labs are obtained timely and reconciled to ensure results are received and Physicians notified in a timely manner. Procedures on reconciliation were reviewed with Clinical Coordinators.**
- 4. The CQI Committee designee will review five residents' records that are selected at random to ensure laboratory services were obtained timely to meet the needs of the residents. The review will be conducted on a weekly basis for one month and then monthly for one quarter. The review of the Residents clinical records will monitor the Physician orders and ensure accurate scheduling of lab on lab calendar, timely receiving of results, and notification to Physician for ensuring resident laboratory services are provided and obtained timely. Any irregularities will be reported to CQI Committee for further review and follow-up.**
- 5. Completion date: September 25, 2014**