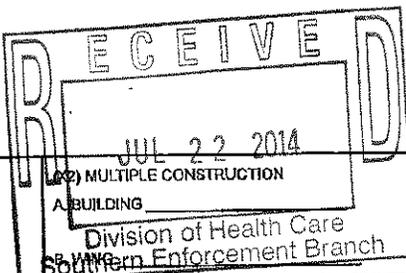


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 07/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185052	(X2) MULTIPLE CONSTRUCTION A. BUILDING Division of Health Care Surveillance and Enforcement Branch	(X3) DATE SURVEY COMPLETED C 07/02/2014
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NAME OF PROVIDER OR SUPPLIER SUMMIT MANOR HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 BOMAR HEIGHTS COLUMBIA, KY 42728
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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
F 000	INITIAL COMMENTS	F 000	F 323	
F 323 SS=E	<p>An abbreviated survey (KY21894) was initiated on 06/30/14 and concluded on 07/02/14. The complaint was substantiated with deficient practice identified at "E" level.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review the facility failed to ensure the resident environment remained as free of accident hazards as possible for one (1) of thirteen (13) residents identified by the facility to be at risk for elopement (Resident #2). The facility failed to ensure the outside courtyard gate, which prevented residents from exiting the courtyard, was functioning properly during observation on 06/30/14.</p> <p>The findings include: Review of the facility policy, "Elopement," not dated, revealed all monitored doors were to be checked for proper function no less than weekly and recorded on the maintenance log. Review of the maintenance log for June 2014</p>	F 323	<p>On 06/30/14 The Maintenance Director checked to see that the alarm was functioning properly. He checked the alarm again on 07/01/14 and 07/02/14 to ensure that the alarm continued to function properly.</p> <p>On 07/03/14 The Assistant Maintenance Director began inservicing the nursing Supervisors, SRNA's and the Housekeeping Department on how to properly reset the alarm on the gate in the event the gate was opened The Nursing Supervisors were instructed to check the gate alarm every shift to ensure that the alarm on the gate was re-armed appropriately.</p> <p>The Maintenance Director and the Director of Nursing followed up with the Nursing Supervisors to ensure they were checking the alarm and that the gate was reset appropriately. The Nursing Supervisors completed, a return demonstration to ensure that they know how to properly re-arm the alarm on 07/18/14. A form was devised for the Nursing Supervisors to document every shift that they had checked the alarm and it was set appropriately.</p> <p>The Medical records Coordinator was instructed to check the documentation weekly to ensure that the Nursing Supervisors were checking the alarm every shift.</p> <p>F323 continued on next page.....</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Brenda C. Williams* TITLE: *Administrator* (X6) DATE: *7/22/2014*

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 SUMMIT MANOR HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 BOMAR HEIGHTS COLUMBIA, KY 42728	
(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 323	<p>Continued From page 1</p> <p>revealed function of all inside and outside doors had been checked on 06/23/14.</p> <p>Review of Resident #2's medical record revealed the facility admitted the resident on 06/05/14. On 06/25/14 the facility assessed the resident to be an elopement risk based on the resident's physical ability to leave and his/her history of leaving the facility. The facility placed a "code alert" bracelet on the resident to alert staff if the resident attempted to leave the facility unsupervised.</p> <p>Observation on 06/30/14 at 3:00 PM revealed Resident #2 was sitting outside in the courtyard, unattended, talking on a phone. Observation further revealed at that time, State Registered Nurse Aide (SRNA) #1 pushed the outside courtyard gate open; however, observation revealed the alarm on the gate failed to sound inside the building to alert staff the gate had been opened.</p> <p>Interview with Maintenance Assistant #1 on 06/30/14 at 3:05 PM revealed he was unsure why the alarm did not sound inside the facility when the gate was opened. He further stated it was a "fluke thing," the alarm "may have messed up overnight, the wind may have blown, anything."</p> <p>Interview with the Maintenance Director on 06/30/14 at 3:10 PM revealed he checked all the alarms on the exit doors and the courtyard gates one time a week. Interview on 07/02/14 at 2:33 PM revealed he did not know why the alarm did not sound on 06/30/14. He further stated he did check the gate again that day and it did sound as it should have.</p>	F 323	<p>F323 continuation.....</p> <p>The Medical Records Coordinator was instructed to report her findings to the Quality Assurance Committee monthly.</p> <p>In addition to the Maintenance Supervisor checking the alarm weekly to ensure that the alarm continues to alarm appropriately, the unit Coordinator was assigned by the Quality Assurance Committee to check the alarm weekly to ensure that the alarm is functioning appropriately and to report to the Quality Assurance Committee monthly of her findings x 3 months.</p>	07/18/14

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F 323	Continued From page 2 Interview with the Administrator on 07/01/14 at 3:30 PM revealed she occasionally performed "walking rounds" with the Maintenance Director when he conducted tests of the alarm system. In addition, the Administrator stated when maintenance staff checks the alarms, they enter the information into the facility's computerized system. The Administrator stated she reviewed the documentation of the "check off" sheet in the system to ensure Maintenance had checked the alarms on a weekly basis.	F 323			