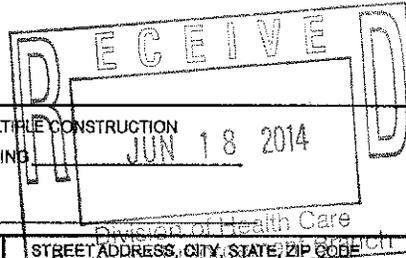


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/12/2014
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185379	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 05/29/2014
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NAME OF PROVIDER OR SUPPLIER MARTIN COUNTY HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 62 MAUDE ROAD INEZ, KY 41224
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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	F 000		
F 281 SS=D	<p>An abbreviated standard survey (KY21711) was initiated on 05/28/14 and concluded on 05/29/14. The complaint was unsubstantiated with unrelated 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, and facility policy review, it was determined the facility failed to ensure services provided by the facility met professional standards of quality for one (1) of four (4) sampled residents (Resident #4). Resident #4 had a physician's order to apply a protective barrier cream and place a dressing on both legs daily. However, observation of Resident #4 on 05/28/14 and 05/29/14 revealed staff failed to ensure dressings were applied to the resident's legs as prescribed by the physician.</p> <p>The findings include: Review of the facility's policy titled, "Physician Medication Orders," dated 08/01/13, revealed the policy failed to address following physician's orders related to treatment orders. Interview conducted with the DON on 05/29/14, at 4:19 PM, revealed the facility utilized this policy for following physician's orders related to treatment orders and had no other policy related to providing care in accordance with physician's orders.</p>	F 281	<p>Martin County Health Care Facility does not believe and does not admit that any deficiencies exist. Martin County Health Care Facility reserves the right to contest survey findings through formal dispute resolutions, formal legal appeal proceedings, or any administrative legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds. Nor is meant to establish any standard of care, contact obligation or position, and Martin County Health Care Facility reserves all rights to raise all possible contentions and defenses in any type or civil or criminal claim, action, or proceeding. Nothing contained in this plan or correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self-critical examination privileged which Martin County Health Care Facility offers it responses, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care to our residents.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Beth Ann... Administrator* TITLE: Administrator (X6) DATE: 6/17/14

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 Review of the medical record for Resident #4 revealed the facility admitted the resident on 11/29/10, with diagnoses that include Diabetes Mellitus, Cerebrovascular Disease, and Cellulitis. Review of a quarterly Minimum Data Set (MDS) assessment dated 03/10/14, revealed the facility had assessed the resident to have moderately impaired cognition with a Brief Interview for Mental Status (BIMS) score of 11. Review of the physician's orders for Resident #4 revealed an order dated 05/07/14, no time documented, to apply a protective barrier cream and place a dressing on both legs daily. Observation of Resident #4 on 05/28/14 at 11:01 AM, 05/29/14 at 9:10 AM, and 05/29/14 at 1:52 PM, revealed the resident's legs were uncovered and there were no dressings observed on the resident's legs. The resident's legs were observed to be reddened, swollen, and weeping with a clear drainage observed. Interview conducted with Resident #4 on 05/29/14, at 9:10 AM, revealed Licensed Practical Nurse (LPN) #2 had removed the dressings from his/her legs "early" in the morning of the day before (05/28/14), and had told him/her that she would be back and would put the dressings on his/her legs. However, Resident #4 stated the LPN, and other staff, had failed to return and complete the dressings as prescribed by the physician. Interview conducted with LPN #2 on 05/29/14, at 2:15 PM, confirmed she had been responsible to apply dressings to Resident #4's legs on	F 281	It is and was on the day of the survey the policy of Martin County Health Care Facility that services provided or arranged by the facility meet professional standards of quality. 1) Residents #4 legs were dressed according to physicians orders. 2) Stephanie Hales, RN examined all residents with treatment orders to ensure that all treatments were applied according to the physician order. 3) An inservice was held on 5/30/14 with RN's and LPN's given by the Director of Nursing on follow physician orders. 4) As part of the facilities ongoing CQI program the CQI nurse will do monthly audits on 20% of the resident population that receives treatments to ensure that the resident is receiving treatments as physician ordered. The results of the audits will be recorded in the CQI meeting minutes each month. 5) 5/30/14		

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F 281	<p>Continued From page 2</p> <p>05/28/14. LPN #2 stated she had removed the resident's dressings prior to the resident being bathed. The LPN stated the resident had then attended an activity before she returned to the room to apply the dressing; LPN #2 stated she was unsure why the dressings had not been applied later and should have.</p> <p>Interview conducted with LPN #1 on 05/29/14, at 3:30 PM, revealed she was responsible for ensuring Resident #4's dressing was provided on 05/29/14. LPN #1 stated she had been waiting until after lunch when the resident would be getting a shower to apply the dressing. The LPN stated she was aware the resident had a physician's order to have a dressing on both legs and should have provided the dressing sooner.</p> <p>Interview conducted with LPN #3 on 05/29/14, at 4:02 PM, revealed she was responsible for ensuring Resident #4 had dressings applied to both legs on the 7:00 PM to 7:00 AM shift on 05/29/14. The LPN stated she became aware Resident #4 did not have dressings on both legs at approximately 5:00 AM on 05/30/14, and stated she should have applied the dressings at that time. The LPN stated she had not applied the dressings because the resident's legs were swollen and she felt the dressings should wait until the resident had a bath on the next shift. The LPN stated she had not contacted the physician regarding Resident #4's legs being swollen and not applying dressings because the physician was coming in to see the resident that morning.</p> <p>Interview conducted with the Director of Nursing (DON) on 05/29/14, at 4:19 PM, revealed she made rounds several times daily to ensure</p>	F 281			

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F 281	Continued From page 3 residents were provided the care and treatment they required. The DON stated she had not identified any concerns with dressings not being provided as the physicians had ordered. The DON stated the dressings for Resident #4's legs should have been done on the day shift on 05/28/14, and stated the night shift nurse should have applied the dressings to the resident's legs when she became aware the dressings were not in place.	F 281			