

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

2nd SOD

PRINTED: 01/13/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185386	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/08/2014
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NAME OF PROVIDER OR SUPPLIER CORBIN HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 270 BACON CREEK ROAD CORBIN, KY 40702
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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 (KY22548) was conducted on 12/08/14. The complaint was substantiated with deficient practice identified at "D" level.	F 000	- See Attached.	
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance	F 225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rebecca A. Miller</i>	TITLE <i>Administrator</i>	(X8) DATE 1-23-15
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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 CORBIN HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 270 BACON CREEK ROAD CORBIN, KY 40702		
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F 225	<p>Continued From page 1</p> <p>with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of policies, the facility failed to assure all allegations of abuse were reported immediately to the administrator of the facility in accordance with facility policy for one (1) of three (3) sampled residents. Resident #3 reported to the Unit Manager on 12/02/14 that he/she had been "beaten up" by another resident on Thanksgiving Day. The Unit Manager failed to report the allegation to Administration according to the facility policy.</p> <p>The findings include:</p> <p>A review of the facility policy titled "Abuse Policy," dated December 2011, revealed "all allegations involving mistreatment, neglect, or abuse" would be reported "immediately to the Director of Nursing and/or the Administrator of the facility."</p> <p>During a tour of the facility on 12/08/14, Resident #3 stated to the surveyor that he/she was "beaten up" by another resident on the day before Thanksgiving. The Unit Manager was present during the interview and heard the statement made to the surveyor.</p> <p>An interview with the Unit Manager on 12/08/14 at 12:05 PM revealed the resident reported the incident to her on 12/02/14. The Unit Manager</p>	F 225	- See Attached.		

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F 225	<p>Continued From page 2</p> <p>stated Resident #3 has a history of making false accusations and a care plan was in place for this behavior. The Unit Manager stated that she reported the allegation to the DON (Director of Nursing) on 12/02/14.</p> <p>Review of Resident #3's record revealed the facility admitted the resident on 02/27/13 with diagnoses that included osteoporosis and hypertension. The most recent assessment, a quarterly MDS (Minimum Data Set) with a reference date of 11/05/14 revealed the resident BIMS (Brief Interview for Mental Status) score was 6, indicating severe impairment. A review of the care plan for Resident #3 revealed a care plan addressing behaviors that included making false statements and resisting care. Further review of the care plan revealed the care plan was updated on 12/02/14 and included the statement that the resident reported a resident came in his/her room and beat him/her up on Thanksgiving Day. According to the documentation, a head to toe assessment revealed no injuries and the resident was assured that he/she was safe. There was no documentation to indicate the allegation was reported to facility Administration.</p> <p>An interview conducted with the DON and Administrator on 12/08/14 at 3:10 PM revealed all allegations of abuse were to be reported, even if a resident had a history of making false accusations. The DON and Administrator both stated they were unaware of the allegation made by Resident #3 on 12/02/14.</p>	F 225	- See Attached.		