



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

PRINTED: 06/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2015
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NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD COMMUNITY NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 80 PHILLIPS BRANCH ROAD PHELPS, KY 41683
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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 SS=D	<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 observations, interviews, record review, and review of the facility's policy it was determined the facility failed to ensure that the residents' environment remained as free of accident hazards as possible. On 06/03/15 water temperatures at the sink in one (1) of forty-eight (48) resident rooms was above 110 degrees Fahrenheit (F).</p> <p>The findings include: Review of the facility's policy titled "Safety and Supervision of Residents," dated 12/01/11, revealed the facility would provide residents water at a temperature of no more than 110 degrees Fahrenheit or the maximum allowable temperature according to the state regulation.</p> <p>Observation conducted on 06/03/15 at 10:45 AM with the facility Maintenance Assistant revealed</p>	F 323	<p>The mixing valve on the lavatory of room 207 has been replaced. Daily checks for the past three weeks has revealed a water temperature in this room at between 103 degrees and 109 degrees Fahrenheit.</p> <p>Water temperatures have been checked on a weekly basis in each resident room as well as each shower room. Temperatures have been recorded on the Water Temperature Monitoring Log and are available for review. All water temperatures have ranged between 102 degrees to 110 degrees Fahrenheit.</p> <p>Water temperatures in all resident access areas will be checked on a weekly basis by maintenance staff and recorded using the Water Temperature Monitoring Log. The log will be maintained in the maintenance QA three ring binder. Any water temperature that is out of the range of 100 degrees to 110 degrees Fahrenheit will be addressed immediately by maintenance staff and a record maintained of any/all repairs to the units. Activity staff will address the need to report elevated water temperatures with the residents in the monthly resident council meetings. Families will be encouraged in resident care plan meetings to report any environmental hazards recognized by them to any staff member for immediate</p>	6-30-15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Administrator DATE: 6/28/15

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 GOOD SHEPHERD COMMUNITY NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 80 PHILLIPS BRANCH ROAD PHELPS, KY 41553	

(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>the hot water temperature in resident room 207 was 118 degrees Fahrenheit when tested by the Maintenance Assistant with his calibrated thermometer.</p> <p>Review of the facility's "Monthly Hot Water Temperature Log Sheet" completed May 2015 (no day) revealed the facility documented that the hot water temperature was 104 degrees F in room 207.</p> <p>Interview conducted with the Maintenance Director on 06/03/15 at 3:05 PM, revealed the Maintenance Director was not aware the water temperatures were too high, and stated he had not identified any problems. According to the Maintenance Director, the water temperature in resident rooms should be between 100 and 110 degrees F as per the facility's policy. The Maintenance Director went on to say that each sink in the facility has its own mixing valve and the water mixes at each sink. The Maintenance Director stated there had been no identified problems with the mixing valve in room 207.</p> <p>An interview conducted with the Administrator on 06/03/14 at 2:55 PM revealed she was unaware of any concerns with elevated water temperatures and said it should not have been over 110 degrees; she said each sink has a mixing valve.</p>	F 323	<p>F323 Continued</p> <p>correction. On 6-24-15, staff were in-serviced to report any environmental hazards including water temperature concerns to maintenance staff immediately for correction. Signs will be posted in each resident's room reminding staff and others to report any concerns regarding water temperatures immediately as well as any other environmental hazards. Supplies, including mixing valves, are on hand to address any concerns regarding water temperatures. Maintenance staff are on call 24 hours a day, seven days a week to address any safety issue.</p> <p>Members of the QA committee (Administrator, QA Coordinator, and DON) will spot check water temperatures and record findings on the Water Temperature Monitoring Log (see attached) prior to the monthly meeting, reporting any temperatures that are out of the desired range to the maintenance staff for immediate attention. The checks will become part of the meeting notes. Weekly checks done by the maintenance staff will also be reviewed and compared at the meeting. Any issues or concerns will be addressed immediately.</p>	
F 456 SS-E	<p>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p>	F 456		

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NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD COMMUNITY NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 60 PHILLIPS BRANCH ROAD PHELPS, KY 41553		
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F 456	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined the facility failed to assure that a dryer was in safe operating condition. Observation on 06/04/15 revealed a dryer in the facility laundry that was not in safe operating condition.</p> <p>The findings include:</p> <p>Interview with the Facility Administrator on 06/04/15 at 3:55 PM revealed the facility did not have a policy regarding safe or working equipment, or a policy on the work order process.</p> <p>Observations on 06/04/15 at 1:50 PM revealed a commercial dryer in the facility's laundry area that had an "out of order" sign on it.</p> <p>Interview on 06/04/15 at 1:55 PM with the Laundry Supervisor revealed the dryer had been out of order since "October or November of 2014."</p> <p>Interview on 06/04/15 at 2:00 PM with the Maintenance Supervisor revealed that he was not sure how long it had been out of order but "probably around October 2014." He said they had bids on a new dryer but had not ordered one yet.</p> <p>Interview on 06/04/15 at 2:25 PM with the Facility Administrator revealed she was not sure how long the dryer had been out of order. She said they had bids for a new dryer but had not ordered one because she was waiting on Corporate to release the money.</p>	F 456	<p>An order has been placed for a new dryer (see attached documentation).</p> <p>Laundry staff as well as all departments will be instructed to report any needed repairs per policy using repair requisitions that are located in each department, with copies going to the appropriate supervisor for repair/replacement of the item in question (see attached policies on Maintenance Service and Work Orders). The item will then be replaced as quickly as possible depending on the availability of the product from the service provider and manufacturer. Maintenance staff will utilize the Maintenance Inspection Checklist for Laundry Areas to inspect the laundry area on a monthly basis. Areas of concern (repairs or replacement) will begin immediately. If the item is a capital expense, three bids will be secured which will be sent to the Connection Coordinator for approval and release of the funding.</p> <p>Due to staffing changes at our corporate offices, funds that have been set aside for repairs and certain equipment replacement for this building required a new Secure Connection Coordinator be named to control/monitor the use of those funds. A new coordinator has been named (see attached documentation) with the authority to disperse funds for repairs to this building. Due to the appointment of the coordinator, we have submitted requests for several project upgrades to the building. Until the past year, we did not experience any delayed requests for needed repairs, replacement, or improvements. The U.S. Department of HUD has provided us with information on how to replace a Secure Connection Coordinator for</p>	6-27-15	

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(R1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

188228

(R2) MULTIPLE CONSTRUCTION
A. BUILDING _____

B. WING _____

PRINTED: 08/18/2015
FORM APPROVED
OMB NO. 0938-0391

(R3) DATE SURVEY
COMPLETED

08/04/2015

NAME OF PROVIDER OR SUPPLIER

GOOD SHEPHERD COMMUNITY NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

60 PHILLIPS BRANCH ROAD
PHELPS, KY 41563

(M) TO
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)

(R3)
COMPLETION
DATE

F 466

Continued From page 3
Review of an e-mail dated 04/03/16 from the facility Administrator revealed she sent the e-mail to the Senior Accounting Manager asking about monies to replace facility "washers and dryers." The Administrator received a reply from the Senior Accounting Manager stating that staff was "working on this."

F 466

F466 Continued

funds disbursement if there are additional staffing changes at the corporate office.

F 483
SS=E

483.70(f) RESIDENT CALL SYSTEM -
ROOMS/TOILET/BATH

The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities.

F 483

Department supervisors will monitor their respective departments for equipment replacement/repairs on a monthly basis using the checklist for specific areas (see attached). These issues will be discussed at the monthly QA meeting. Three bids will be secured by the department supervisor if the item is a capital expense. A request for funding will be sent to the Secure Contract Coordinator and the item will be repaired/replaced as needed. Any funding delays that lasts longer than one month will be reported to the President/CEO of Presbyterian Homes and Services who has the authority to override any issues.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and review of the facility's policy it was determined the facility failed to ensure a functioning communication/call system was in place for one (1) of (4) facility shower rooms. Observations on 08/03/16 revealed the communication system utilized by residents was not functioning properly for the C & D women's shower room.

The two call lights have been replaced in the women's shower room on C-D Wings.

The call lights in the shower rooms have been inspected on a weekly basis. An audible alarm was forthcoming. The light above the shower room door illuminated with the testing of each call light in the shower rooms. The inspections are attached for review.

The findings include:

Interview with the Administrator on 08/03/16 at 2:55 PM revealed the facility did not have a policy regarding call lights.

The call lights throughout the building (in resident rooms as well as call lights in the shower rooms) will be inspected by the maintenance staff on a weekly basis using the Call Light Monitoring form that is attached for review. The weekly inspections will be maintained in the Maintenance QA three ring binder. Any call light that does not produce an audible alarm as well as illuminate will be repaired immediately. Additional supplies to maintain the system will be ordered and kept in stock to repair/replace lights that are defective.

Observation of the C & D women's shower room on 08/03/16 at 11:05 AM revealed four separate call activation cords in the shower room. Activation of the call system in the women's

6-30-15
Patricia
Elovine
RN-DM

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NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD COMMUNITY NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 80 PHILLIPS BRANCH ROAD PHELPS, KY 41553
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F 463	<p>Continued From page 4</p> <p>shower room revealed the light above the outside of the shower room door did not illuminate and there was no audible alarm when one of the cords was activated. Staff was not observed to respond to the activated call light. After one minute the alarm was reset by the surveyor and activated again; after 10 seconds the alarm was reset by the surveyor and activated again; there was still no evidence of the alarm sounding or a light. The surveyor reset the alarm and activated it for a third time. The light did not illuminate, but an audible, infrequent alarm was heard. The call system was activated a fourth time by the surveyor. During the fourth activation, the light illuminated in the hallway and an audible alarm sounded. The surveyor then observed another pull cord and the Maintenance Assistant said, "it's already been pulled." The surveyor inspected the pull cord and it had already been pulled; however, there was no light above the outside of the shower room door and there was no audible alarm. The surveyor pulled the other two pull cords and they both worked correctly.</p> <p>Interview with the Maintenance Assistant on 06/03/15 at 11:14 AM revealed that the call system in the C & D women's shower room should have worked when the surveyor pulled the cord, and did not know why the call system did not work.</p> <p>Interview with the Maintenance Supervisor on 06/03/15 at 3:05 PM revealed audits on the call system were not being performed. He stated he was unaware the call light was not working in the women's shower room and had not received a work order for the non-functioning call lights. Further interview with the Maintenance Supervisor revealed when a call light was</p>	F 463	<p>F463 Continued</p> <p>All inspections will be reviewed at the monthly QA meeting. In addition, members of the QA Committee (Administrator, QA Coordinator, and DON) will spot check the call light system using the Call Light Monitoring form. Any defective call light will be reported to maintenance staff immediately for repairs. In addition, all staff will be asked to report defective call lights immediately to the maintenance staff for repair and asked to complete a repair requisition for submission to the administrator as well as the maintenance staff. Spot checks will also be made by the administrator on the call light system using the repair requisitions to insure compliance is maintained.</p>	

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NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD COMMUNITY NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 80 PHILLIPS BRANCH ROAD PHELPS, KY 41553	
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F 463	Continued From page 6 activated, there was a light above the door that should be illuminated as well as an alarm that should sound at the nurses' station. Interview with the Facility Administrator on 06/03/15 at 2:55 PM revealed she was unaware the call light in the women's shower room was not functioning properly, and they should have worked properly when the cords were pulled.	F 463		

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PRINTED: 11/12/2015
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185222	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2015
NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD COMMUNITY NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 60 PHILLIPS BRANCH ROAD PHELPS, KY 41553		
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR §483.70 (a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1977</p> <p>SURVEY UNDER: 2000 Existing (Short Form)</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type 111 (000)</p> <p>SMOKE COMPARTMENTS: Five</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLERED, SUPERVISED (DRY SYSTEM)</p> <p>EMERGENCY POWER: Type II Propane generator</p> <p>A life safety code survey was initiated and concluded on 06/03/15, for compliance with Title 42, Code of Federal Regulations, §483.70 (a). The facility was found to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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