

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

PRINTED: 09/11/2013  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185187	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/27/2013
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NAME OF PROVIDER OR SUPPLIER  GREENWOOD NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6079 SCOTTSVILLE RD. BOWLING GREEN, KY 42104
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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	Greenwood Nursing and Rehab Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.	
F 164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS  The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.  Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.  The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.  The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.	F 164	Greenwood's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Greenwood Nursing and Rehab Center reserves the right to refute any of the deficiencies on this  Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure, and/or any other administrative or legal proceeding.  F-tag - 164  Education regarding privacy during resident care was completed on 8/27/13 by DON with the LN and C.N.A. involved. Resident #3 has no recollection of the event and has had no negative outcomes as a result of the cited practice.	

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

TITLE

(X6) DATE

*[Signature]* *[Signature]* 9/18/13

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 164	Continued From page 1 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 maintain privacy for one (1) resident (#3), in the selected sample of three (3) residents. Observation revealed staff failed to pull the privacy curtain between Resident #3 and his/her roommate during a skin audit and wound care. The findings include: A review of the facilities policy and procedure titled, "Privacy and Confidentiality", dated July 2013, revealed "Residents will have privacy during personal care and treatment, communication with others, and the confidentiality of their medical records maintained." A record review revealed the facility admitted Resident # 3 to the facility on 11/24/12 with diagnoses to include Diabetes Mellitus, Atrial Fibrillation, Hyperlipidemia, Coronary Arterial Disease, and Parkinson's Disease. An observation of a skin audit and wound care on Resident #3, on 08/27/13 at 9:12 AM, revealed Registered Nurse (RN) #1 and Certified Nurse Aide (CNA) #1 conducted the head to toe skin assessment and wound care with the resident's roommate present in the room and the privacy curtain was not pulled leaving Resident #3 in full view of the roommate. An interview with RN #1 and CNA #1, on 08/27/2013 at 9:30 AM, revealed privacy was expected to be provided for all residents during care and Resident #3 should have been provided privacy by pulling the privacy curtain between Resident #3 and the roommate. An interview with Director of Nursing (DON), on 08/27/13 at 11:15 AM, revealed was her expectation and the facility's policy for staff to	F 164	All residents within the facility have the potential to be affected by the cited practice. All current residents have been reviewed by the DON and/or Administrative Nurses for the appropriate provisions of privacy during care to include skin assessments and/or treatment delivery with no issues identified.  100% of the nursing staff has been in serviced by the staff facilitator on 8/29/13 and on 9/12/13 regarding dignity and resident privacy during personal care or treatments in which a body part could potentially be exposed.  Visual audits will be performed with staff providing privacy during cares or treatments to include Resident #3 by facility administrative nurses weekly for 3 months utilizing a QI tool. The Administrative Nurses will follow up on any privacy concerns with the Involved staff as indicated upon identification. Audits will be reviewed by the DON and QI nurse weekly with appropriate additional action taken upon the identification of any privacy concerns with the involved staff.  The results of the audits will be forwarded by the QI Nurse to the Executive QI committee monthly for 3 month for review, identification of trends, follow up evaluation and action as deemed necessary, and to determine the need and frequency of continued monitoring.  Compliance date 9/20/13	9/20/13	

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F 164	Continued From page 2 provide privacy to all residents. She stated staff should "close the blinds and pull the privacy curtain between residents and close the door"	F 164			