

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

PRINTED: 10/18/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>10/15/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>CREEKWOOD PLACE NURSING &amp; REHAB CENTER, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>107 BOYLES DRIVE RUSSELLVILLE, KY 42276</b>		
(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  Based upon implementation of the PoC, the facility was deemed in compliance, 09/20/13, as alleged.	{F 000}			

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

TITLE

(X6) DATE

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  CREEKWOOD PLACE NURSING & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 107 BOYLES DRIVE RUSSELLVILLE, KY 42276	
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F 000	INITIAL COMMENTS  An abbreviated survey (KY #20563) was conducted on 08/22/13 through 08/23/13 to determine the facility's compliance with Federal requirements. KY #20563 was unsubstantiated with an unrelated deficiency cited.	F 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement in full or in part, by the provider, of the truth of the fact, or the conclusions set forth in this statement of deficiencies. This plan of correction is prepared and executed solely because it is required by the provisions set forth in Federal and State Law.	
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	<b>F164 483.10(e) 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</b>  It is the normal practice of Creekwood Place Nursing and Rehab Center to ensure privacy during care.  <b>Corrective Measures Implemented for those residents found to have been affected by the deficient practice.</b>  Resident was discharged 9/11/13 to her home. She expressed no adverse affects as a result of this practice.  <b>How other residents having the potential to be affected by the same deficient practice were identified:</b>  All residents are to have privacy provided during care and/or treatments.  <b>What measures or systemic changes were put into place to ensure that the deficient practice will not recur:</b>  Re-education was provided to staff including SRNAs; Certified Medication Aides, and Licensed Nurses by the Staffing Coordinator, the Director of Nursing, and the Administrator beginning on 8/23/13 with additional educational sessions on 9/12/13. The education focused on providing personal privacy during care. The re-education included closing doors, fully closing privacy curtains, and closing window blinds during resident care.  Education will continue to be provided to all oncoming nursing staff prior to working their assigned shift until all staff are re-educated.  <b>How the facility plans to monitor its performance to ensure that solutions are sustained:</b>  The DON, ADON, and Unit Managers will be conducting unannounced observations of care for 10 residents in the facility who are dependent for incontinent care or scheduled skin assessments. The observations will include residents on each hall and will include staff members on each shift. Observations will include verification that the blinds have been closed on the windows prior to the administration of care to the resident. Observations will be conducted weekly X 6 weeks, then monthly X 3 months. Results will be reported to the Administrator and the Quality	8/20/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Elizabeth Hestings TITLE: Administrator (X6) DATE: 9/19/13

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F 164	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and facility policy review it was determined the facility failed to ensure privacy for one (1) resident, in the selected sample of five (5) residents. Observation revealed the Registered Nurse (RN) failed to close the blinds prior to conducting a skin assessment for Resident #4 leaving the resident in full view of a staff member who was outside of the facility.</p> <p>The findings include:</p> <p>A review of the facility's policy entitled, "Privacy, Dignity &amp; Confidentiality, no date, revealed "all staff will be trained and encouraged to provide privacy for the resident during care, including but not limited to closing doors, fully closing privacy curtains and closing blinds".</p> <p>A record review revealed Resident #4 was admitted to the facility on 07/26/13 with diagnoses to include Paralysis Agitans, Altered Mental Status, and General Osteoarthritis. A review of the admission Minimum Data Set (MDS) assessment, dated 08/02/13, revealed the facility assessed Resident #4's cognition as cognitively intact.</p> <p>Observation on 08/23/13 at 3:00 PM revealed RN #1 conducted a skin assessment on Resident #4 with the window blinds left open to a window that was overlooking the parking lot. The resident was in full view of the Maintenance Man who was outside the window looking at the shrubs and moving them.</p> <p>Interview with RN #1, on 08/23/14 at 3:30 PM, revealed he was not aware the Maintenance man was outside the window, and he did not realize the window faced the parking lot.</p> <p>Interview with the Maintenance Man, on 08/23/13 at 3:45 PM, revealed he didn't see anything and</p>	F 164	<p>Assessment and Assurance Committee. If any areas of concern are identified, the frequency or duration of the audit may be increased.</p>	

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F 164	Continued From page 2 was just messing with the shrubs outside the window. Interview with the Director of Nursing (DON), on 08/23/13 at 4:55 PM, revealed staff are expected to close blinds and pull curtains before providing any kind of care including skin assessments, wound care, and peri care.	F 164		