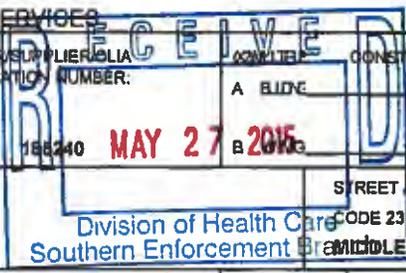


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/08/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E240	CONSTRUCTION A BLDG B 2015	(X3) DATE SURVEY COMPLETED C 04/24/2015
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NAME OF PROVIDER OR SUPPLIER MIDDLESBORO HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40965
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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	Disclaimer Middlesboro Nursing and Rehabilitation Facility does not believe and does not admit that any deficiencies existed before, during or after survey. Middlesboro Nursing and Rehabilitation Facility reserves all rights to contest the survey findings through informal dispute resolution, formal legal appeal proceedings, or any administrative or 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, contract obligation or position. And, Middlesboro Nursing and Rehabilitation Facility reserves all rights to raise all possible contentions and defenses or proceedings. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which Middlesboro Nursing and Rehabilitation Facility does not waive, and reserves the right to assert in any administrative, civil, or criminal claim action or proceeding.	
F 166 SS=D	An abbreviated standard survey (KY23077) was conducted on 04/24/15. The complaint was substantiated. Deficient practice was identified with the highest scope and severity at "E" level. 483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. This REQUIREMENT is not met as evidenced by: Based on interviews and review of the facility Resident Council minutes and the facility policy it was determined the facility failed to actively search for a resolution and keep the resident informed of its progress toward resolutions for one (1) of three (3) sampled residents (Resident #3) and two (2) of six (6) unsampled residents (Residents A and C). A review of Resident Council minutes and interviews with facility residents revealed care concerns had been voiced to facility staff; however, no resolution was attempted or follow-up toward resolution discussed with the residents. The findings include: Review of the facility policy titled "Filing Grievances/Complaints," dated August 2013, revealed residents may file a grievance or complaint concerning treatment, medical care, or behavior of other residents or staff members without fear of threat or reprisal in any form. The	F 166	F 166 It is, and was on the day of the survey, the policy and practice of Middlesboro Nursing and Rehabilitation Facility that each resident has the right to prompt efforts by the facility to resolve grievances and to be informed of the progress toward a resolution of the grievance. 1. Resident C grievance has been addressed and a resolution reached between the nursing department and the results are reflected in the Social Notes section of the medical record. Resident C received a copy of the Grievance Policy on 5/27/2015. Resident 3 – The grievance process has been reviewed and the resident interviewed for additional, unresolved concerns / grievances. A resolution between the nursing department and the resident has been agreed upon and is	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Keith M. ...* TITLE: *Administrator* DATE: *5/27/15*

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 MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 236 NEW WILSON LANE MIDDLESBORO, KY 40966		
(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 166	<p>Continued From page 1</p> <p>policy also stated the resident would be informed of the findings of the actions that would be taken to correct any identified problems.</p> <p>Review of a list of residents provided by facility staff indicated Resident #3, and Residents A and C had been assessed by facility staff to be interviewable, with a Brief Interview for Mental Status (BIMS) score of 10 or greater for each resident.</p> <p>1. Interview with Resident C on 04/24/15 at 9:30 AM (assessed by facility staff to have a BIMS score of 15) revealed he/she waits "at least 30 minutes in the evenings" to get assistance into bed because "staff are saying they're going on breaks." The resident stated he/she had voiced the care concern of not receiving assistance timely to the nurse (later identified as Licensed Practical Nurse #2) on 04/22/15. The resident stated no one had ever followed up with him/her related to the care concern voiced (two days earlier), and the resident still "had to wait" after the concern had been reported to the nurse.</p> <p>Interview with Licensed Practical Nurse (LPN) #2 on 04/24/15 at 2:30 PM confirmed Resident C had voiced a care concern related to "having to wait" after assistance was requested to be transferred to bed on 04/22/15. The LPN stated she had not notified administrative staff of the resident's concern voiced related to care and treatment, and had not been trained on the facility's grievance forms. However, the LPN stated she had notified the Registered Nurse (RN) of the complaint voiced by the resident.</p> <p>Interview with RN #1 on 04/24/15 at 3:00 PM confirmed she had been notified of Resident C's</p>	F 166	<p>F 166 (Cont.)</p> <p>documented in the social notes of the medical record. Resident 3 received a copy of the Grievance Policy on 5/27/2015. Resident A has experienced a change in medical/mental condition and is unable to be interviewed at this time.</p> <p>2. All residents of Middlesboro Nursing and Rehabilitation Facility have the opportunity to voice grievances or concerns and receive a follow up to voiced concerns. Grievances can be submitted both written and orally. Grievances can be voiced or reported to all staff at any time and will be forwarded to the administrative designee: DON, Social Services, to begin the grievance process. All residents of Middlesboro Nursing and Rehabilitation Facility, upon admission will be informed and receive a copy of the grievance policy. The grievance policy has also been reviewed in the resident council meeting on <u>May 20, 2015</u>. All residents and/or family members received a copy of the grievance policy on 5/27/2015. Residents with grievances from resident council meetings will have an action plan for each grievance read aloud in the following resident council meeting. The resolution is also discussed at bedside with the resident who voiced the concern. The follow-up is documented in the Social Service Notes of the medical record. Resident individual interviews are conducted periodically throughout the year to determine if the resident has any concerns without resolutions.</p> <p>3. A copy of the Grievance Policy is distributed annually to all residents and families. All residents and/or families, where appropriate, received a copy of the Grievance Policy on May 27, 2015. All family members were mailed a copy of the Grievance Policy on 5/27/2015. In addition, all residents and families receive a copy of the Grievance Policy upon admission.</p>		

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NAME OF PROVIDER OR SUPPLIER MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40865		
(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 166	<p>Continued From page 2</p> <p>care concern that was voiced on 04/22/15. The RN stated she had not notified administrative staff or written it down on the 24-hour report sheet as required but stated, "I should have."</p> <p>2. Review of the Resident Council minutes dated 10/29/14 revealed Resident #3 voiced care concerns related to "having to wait over an hour" to receive assistance with toileting.</p> <p>Interview with Resident #3 (assessed by facility staff to have a BIMS score of 15) on 04/24/15 at 09:50 AM revealed he/she had waited "as long as one hour" to receive assistance with toileting from facility staff. The resident stated he/she had "told them months ago during resident meetings" related to the concern of not receiving assistance timely with toileting. However, the resident stated since the concern had been voiced, "It's still the same here," and no staff members had conducted any follow-up related to the complaint voiced.</p> <p>3. Review of the Resident Council minutes dated 10/29/14 revealed Resident A voiced care concerns related to staff not answering the call light timely when assistance was required with toileting.</p> <p>Interview with Resident A on 04/24/15 at 1:15 PM (assessed by facility staff to have a BIMS score of 10) revealed, "It's hard to get help to go to the bathroom, mostly in the evenings." He/she stated a complaint had been voiced in resident meetings, "but it's not gotten any better." Resident A stated "no one ever followed up" with him/her about the complaint and it remained a problem in the facility.</p>	F 166	<p>F 166 (Cont.)</p> <p>All staff have been in-serviced regarding the grievance process. Department Managers have defined responsibilities with the resolution process with a 1:1 interview with the resident. All grievances will be forwarded to DON / Social Services and findings forwarded to the Administrator per facility policy. The appropriate manager will begin the resolution process. The resolution will be documented in the Social Notes of the medical record. The daily shift report now reflects a section for any resident / family grievances reported which is forwarded to the administrative designee per the facility policy.</p> <p>Attachment 1 Attachment 2</p> <p>4. A grievance log will be maintained for auditing and trending. Monthly a quality assurance review of sampled grievances will result in a face to face interview to determine if a grievance resolution was reached. See audit sheet. Attachment 3 Attachment 4</p> <p>5. May 27, 2015</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185240	MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2015
NAME OF PROVIDER OR SUPPLIER MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40965		
(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 166	Continued From page 3 Interview with the Director of Nursing (DON) on 04/24/15 at 5:30 PM revealed she had not been made aware of the complaint voiced from Resident C on 04/22/15. However, she stated staff should have followed the facility policy and notified administrative staff of the resident's complaint as required. The DON stated she reviewed Resident Council minutes and had conducted staff in-services and call light audits related to complaints of care and treatment from Resident #3 and Resident A. Even though the DON was aware and had reviewed the resident's complaints, she stated a follow-up to reach a resolution for the resident's voiced concerns had not been conducted as outlined in the facility policy.	F 166			
F 353 SS=E	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. Except when waived under paragraph (c) of this section, the facility must designate a licensed	F 353	F 353 It is, and was on the day of the survey, the policy and practice of Middlesboro Nursing and Rehabilitation Facility to maintain and provide sufficient staffing on each shift to ensure the resident needs and services are met. Staffing for each shift is based upon the census and acuity levels of the residents in order to promote each residents physical, mental and psychosocial well-being. 1. Resident C has been interviewed by the DON / Social Services regarding staffing and informed the resident of the revision of staffing schedules to accommodate the patient's specific needs. Breaks and lunches on evening shift have been reassigned which will accommodate the residents care needs. The resolution to the concern was documented in the Social Services Notes in the medical record. Resident 3 – Resident was interviewed by the DON regarding the 10/29/2014 delay in toileting needs.		

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F 353	<p>Continued From page 4</p> <p>nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews with facility residents and direct care staff, and review of the facility policy, it was determined the facility failed to ensure sufficient nursing staff was available on a daily basis to meet the residents' needs for care and assistance to promote each resident's physical, mental and psychosocial well-being, thus enhancing their quality of life for one (1) of three (3) sampled residents (Resident #3) and five (5) of six (6) unsampled residents (Residents A, C, D, E, and F). Interviews conducted with facility residents and staff on 04/24/15 revealed residents were required to wait extended amounts of time (up to an hour) during the evening shift (3:00 PM to 11:00 PM) to receive assistance with toileting or to be transferred to bed due to an insufficient amount of staff on duty during those hours.</p> <p>The findings include:</p> <p>Review of the facility policy titled "Staffing Posting Direct Care Daily Numbers," dated 08/01/13, revealed no information on how the facility was to ensure adequate staffing was available to meet the residents' needs, and to provide assistance to the residents in a timely manner.</p> <p>Review of the "SRNA Call Bell Management Policy," not dated, revealed staff was required to respond promptly to call bells. The policy stated</p>	F 353	<p>F 353 (Cont.)</p> <p>The DON reviewed the process for the reporting delays and informed the resident of the recent education of time management and staffing pattern revisions provided to nursing staff to prevent delays. The resolution was documented in the Social Service Notes of the medical record. Resident E – A review of staffing schedule and staffing patterns to meet the required resident needs was reviewed with the resident by the Director of Nursing. Staffing schedule for breaks and lunches were revised to accommodate resident needs being met. The resolution was documented in the Social Service Notes in the medical record. In addition the director of nursing has reviewed the staffing patterns and the revised schedules in order to prevent delays in meeting Residents D, F and A's specific care needs and requests. All the revisions will accommodate each resident's specific care needs for Residents D, F and A. These revisions have been reviewed with Resident D and Resident F and documented in the Social Service notes of the respective medical record. Resident A has experienced a change in condition and is unable to participate in the resolution discussion at present.</p> <p>2. All residents of Middlesboro Nursing and Rehabilitation Facility will have sufficient staff available on each shift to accommodate resident needs. All care needs are reviewed to assure sufficient staffing in place at all times, even during breaks and lunch. All staff coverage has been adjusted in the evening to accommodate resident needs at various times and to assure adequate assistance is available for all residents. All breaks and lunches for all nursing staff are specifically assigned and rotated throughout the facility.</p>		

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NAME OF PROVIDER OR SUPPLIER MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40965		
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F 353	<p>Continued From page 5</p> <p>an unanswered call bell created a "huge" safety risk for the resident due to unmet needs, and caused residents to have a sense of insecurity and mistrust due to lack of response to call bells. The policy further stated when the SRNA's (State Registered Nurse Aide) partner was gone to lunch or break, the SRNA would be available on their hall to respond to call bells.</p> <p>Review of a list of residents provided by facility staff, indicated Resident #3, and Residents A, C, D, E, and F had been assessed by facility staff to be interviewable with a Brief Interview for Mental Status (BIMS) score of 8 or greater for each resident.</p> <p>Interview with Resident C on 04/24/15 at 9:30 AM (assessed by facility staff to have a BIMS score of 15) revealed he/she waits "at least 30 minutes in the evenings" to get assistance into bed because "staff are saying they're going on breaks." The resident stated he/she waited one hour "the other evening" (unable to recall exact date) to receive assistance to bed after it was requested.</p> <p>Interview with Resident #3 (assessed by facility staff to have a BIMS score of 15) on 04/24/15 at 09:50 AM revealed he/she had waited "as long as one hour" to receive assistance with toileting from facility staff. The resident stated he/she had been informed by facility staff that assistance could not be provided at the time it was requested because "someone was on break." Resident #3 stated, "It's always in the evenings when I have trouble getting help." The resident continued to state he/she had waited as long as 40 minutes to be transferred to bed after help was requested.</p> <p>Interview with Resident E on 04/24/15 at 10:00</p>	F 353	<p>F 353 (Cont.)</p> <p>3. Residents with preferred evening routines, including specific bed times and residents with specific assistance needs, including toileting, have been reviewed. The staff shift routines and staff specific scheduled assignments during lunch and breaks have been adjusted and staggered to assure adequate staffing on each hall during the evening shift. (See attachment #5) In addition, the meal service assistant's hours have been extended to 8 pm daily to assist with staff floor coverage to meet resident specific needs at specified times as referenced above. All staff members were educated on May 12, 2015 and May 14, 2015 regarding the shift routine revisions, revised specific staffing assignments and additional staffing time to which will meet the resident's evening routine needs. During employee education, toileting needs and timely assistance to a resident request was a focus with sensitivity training included. Attachment 5</p> <p>4. A quality assurance audit will be performed monthly with a sample of interviewable residents from each unit specifically addressing how each residents care needs are met by facility staff during the evening hours. Attachment 6</p> <p>5. May 14, 2015</p>		

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NAME OF PROVIDER OR SUPPLIER MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE MIDDLESBORO, KY 40966		
(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 353	<p>Continued From page 6</p> <p>AM (assessed by facility staff to have a BIMS score of 9) revealed he/she waited "every evening, sometimes up to 30 minutes, to go to the bathroom." The resident stated, "I think evening shift needs more help."</p> <p>Interview with Resident D on 04/24/15 at 10:20 AM (assessed by facility staff to have a BIMS score of 15) revealed he/she waited "in the evenings sometimes up to one hour to get help to go to the bathroom." The resident stated, "It's an every evening thing here. I know I'm gonna have to wait." He/she stated staff had informed him/her "somebody's on break and that I will have to wait until they come back before they can help me." The resident stated this usually occurred in the evening.</p> <p>Interview with Resident F on 04/24/15 at 1:10 PM (assessed by facility staff to have a BIMS score of 15) revealed he/she had "trouble getting help to go to the bathroom all the time in the evenings." The resident stated, "They keep saying it'll be a while or that someone's on break." The resident stated, "I'll give them a while and ring again, but I wait at least half hour on most days to get help in the evenings."</p> <p>Interview with Resident A on 04/24/15 at 1:15 PM (assessed by facility staff to have a BIMS score of 10) revealed, "It's hard to get help to go to the bathroom, mostly in the evenings." He/she stated it takes at least 20 minutes, and sometimes 30 minutes to receive assistance to the bathroom. The resident stated, "Sometimes staff has said they need more help in the evenings." The resident stated at times staff would come in, turn the call light off, and never return to provide the assistance that had been requested.</p>	F 353			

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F 353	<p>Continued From page 7</p> <p>During an interview with SRNA #1 on 04/24/15 at 1:30 PM, the SRNA stated, "sometimes we work short" (insufficient amount of staff). The SRNA stated that sometimes someone would stay over until 6:00 PM, but after that time, especially if a staff member is on break or gone to lunch it is difficult to meet the residents' needs. SRNA #1 further stated if someone "needs to go to bed, it can be hard to help them, and they are probably waiting longer than they should have to wait."</p> <p>Interview with SRNA #2 on 04/24/15 at 3:25 PM revealed the staff "work short staffed at times." The SRNA acknowledged at times, related to the facility staffing, "you have to tell them" (the residents) "that it will be a minute before you can assist them, and it's really tough during meal service." The SRNA stated, "At times, residents are required to wait up to 30 minutes to get assistance once requested."</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 04/24/15 at 3:36 PM revealed, "I've had to stop multiple times during medication passes to help toilet a resident, especially during meal services. There's not enough of us." The LPN stated residents which required a Hoyer lift for assistance with transfers "always have to wait too long to be provided with assistance, especially during meal service."</p> <p>Interview with SRNA #3 on 04/24/15 at 3:50 PM revealed, "At least one time a week we're working short" (insufficient amount of staff). The SRNA stated residents have to wait longer than 15 minutes for assistance and there was not enough staff at times. SRNA #3 stated, "Residents have to wait longer than they should."</p>	F 353			

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F 353	Continued From page 8 Interview with the Director of Nursing (DON) on 04/24/15 at 5:30 PM revealed the facility conducted monthly call light audits and no concerns had been identified related to insufficient staff. The DON stated "a while back" they added an 11:00 AM to 7:00 PM staff person to help with meal service and changed employee lunch times so "fewer people were off the floor at the same time." The DON stated she had not received any complaints and was not aware of any concerns on the facility's evening shift related to inadequate staffing or residents not receiving assistance timely.	F 353			