

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



PRINTED: 03/27/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185213	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/13/2014
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NAME OF PROVIDER OR SUPPLIER WOLFE COUNTY HEALTH & REHABILITATION CENTER	Division of Health Care STATE OFFICE OF HEALTH BRANCH 850 HWY 191 CAMPTON, KY 41301
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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		
F 282 SS=D	<p>A standard health survey was conducted on 03/11-13/14. Deficient practice was identified with the highest scope and severity at "D" level.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>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 ensure staff implemented the care plan for one (1) of twenty (20) sampled residents (Resident #6). A review of the Care Plan for Resident #6, revised on 01/24/14, revealed the resident was at risk for pressure sores related to the resident's self-care deficit with elimination. Review of the "Resident Kardex" (undated) that was included as part of the care plan revealed the resident had a Stage II pressure sore to the right buttock. Physician orders dated 02/27/14 revealed staff was to provide wound care to the resident's pressure sore every third day and to cover the area with an "Aquacel Foam" dressing. According to the care plan, staff was to observe the resident during personal care for problem areas such as redness, bruising, skin tears, "etc." A review of the "treatment record" revealed staff had provided wound care and applied a dressing to Resident #6's wound on the second shift on 03/11/14. However, observations during a skin assessment conducted on 03/12/14, at 11:10 AM</p>	F 282	<p>Please see attachment #2</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amelia Prober, ADMINISTRATOR TITLE: _____ DATE: 04-03-14

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 WOLFE COUNTY HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 850 HWY 191 CAMPTON, KY 41301		
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F 282	<p>Continued From page 1</p> <p>revealed the pressure sore to the resident's right buttock was uncovered and did not have a dressing intact.</p> <p>The findings include:</p> <p>A review of the facility's policy entitled "Protocol for Care Planning" (undated) revealed all residents would have a plan of care that would be reviewed and updated at least quarterly with the completion of the Minimum Data Set (MDS) assessments. The plan of care was to be updated with changes in condition, physician's orders, and on an as needed basis.</p> <p>A review of the facility's policy entitled "Resident Status Kardex" (undated) revealed a care plan update form would be placed in front of the Kardex to address any needs/problems not on the Kardex and that it would be the responsibility of the licensed nurse to update the Kardex as changes occurred or as needed. According to the policy, it was the responsibility of the State Registered Nurse Aide (SRNA) to review the Kardex to ensure appropriate care was provided.</p> <p>A review of the policy titled "Wound Care Protocols and Procedures," undated, revealed for Stage II (draining) sores, staff was required to assess for pain, cleanse the area with normal saline, and apply "Aquacel" to the area as a primary dressing and cover with "DuoDerm Signal."</p> <p>A review of Resident #6's medical record revealed the facility admitted the resident on 04/04/12 with diagnoses of Hyperlipidemia, Esophageal Reflux, and Dementia without Behavioral Disturbance.</p>	F 282			

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NAME OF PROVIDER OR SUPPLIER WOLFE COUNTY HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 850 HWY 191 CAMPTON, KY 41301		
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F 282	<p>Continued From page 2</p> <p>Review of the most recent Minimum Data Set (MDS) quarterly assessment dated 01/20/14, revealed Resident #6 had been assessed to have a Brief Interview for Mental Status (BIMS) of 3, which indicated the resident's cognition was severely impaired. The facility assessed the resident to require total support from staff for bed mobility, transfers, locomotion, dressing, eating, personal hygiene, bathing, and toileting.</p> <p>A review of the Care Plan, revised 01/24/14, revealed Resident #6 was incontinent of bladder and bowel and required incontinence care every two hours and PRN.</p> <p>Review of physician's orders dated 02/27/14 revealed staff was to cleanse the Stage II pressure sore located on Resident #6's right buttock area with normal saline and cover the area with an "Aquacel Foam" dressing every three days and as needed.</p> <p>A review of the "treatment record" revealed staff had provided wound care and applied a dressing to Resident #6's pressure sore on the second shift on 03/11/14.</p> <p>However, observations during a skin assessment conducted by Licensed Practical Nurse (LPN) #1 on 03/12/14, at 11:10 AM revealed the pressure sore to the resident's right buttock was uncovered and did not have a dressing intact. Due to Resident #6's severely impaired cognition status, an interview with the resident was not conducted.</p> <p>Interview conducted with LPN #1 on 03/12/14, at 11:50 AM, revealed she was not aware Resident #6's pressure sore was uncovered. According to</p>	F 282			

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NAME OF PROVIDER OR SUPPLIER WOLFE COUNTY HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 850 HWY 191 CAMPTON, KY 41301		
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F 282	<p>Continued From page 3</p> <p>the LPN, she had not conducted an observation of the resident's dressing during her shift on 03/12/14 and stated the SRNAs were to inform Nursing if they had observed the pressure sore had been uncovered when they provided personal/incontinence care. LPN #1 stated she was not always assigned to provide care to Resident #6 but had provided care to the resident the previous week and the dressing had remained intact with no problems identified.</p> <p>Interview conducted with State Registered Nursing Assistant (SRNA) #5 on 03/12/14, at 11:40 AM, revealed she had provided incontinence care to Resident #6 on the morning of 03/12/14 and had not observed a dressing over the resident's wound. SRNA #5 stated she had "assumed" the order had been discontinued and thought the nurse was aware. SRNA #5 stated she was required to review the Kardex prior to the shift to determine the resident's care needs and to report any changes to the nurse assigned to provide care to the resident. In addition, SRNA #5 stated nursing staff usually provide a verbal report at the beginning of the shift to inform the SRNAs if a resident has a dressing that needs to be monitored.</p> <p>Interview conducted with Registered Nurse (RN) #2 on 03/12/14 at 4:35 PM revealed she had provided direct care to Resident #6 on the second shift on 03/11/14, had changed the resident's dressing, and stated the resident's dressing was intact during her shift. RN #2 stated it was the responsibility of the nurse on each shift to check dressings to ensure they were clean, dry, and intact and changed timely. RN #2 stated the SRNAs were to inform the nurse if the resident's dressing was observed to be soiled or off during</p>	F 282			

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NAME OF PROVIDER OR SUPPLIER WOLFE COUNTY HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 850 HWY 191 CAMPTON, KY 41301
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F 282	<p>Continued From page 4 incontinence or personal care.</p> <p>Interview conducted with RN #1 on 03/13/14, at 3:52 PM, revealed she was a Unit Manager at the facility, and stated she "makes rounds constantly" to ensure that staff provides care in accordance with the care plan of each resident. RN #1 stated the nurses and the SRNAs were to review the plan of care for each resident every shift; and stated the SRNAs were responsible to report to the nurse on duty if a dressing was found to be soiled or off during incontinence care.</p> <p>Interview conducted with the Director of Nursing (DON) on 03/13/14 at 4:07 PM, revealed staff was required to review the care plan at the beginning of every shift to ensure care was provided in accordance with the care plan. In addition, the DON stated the Kardex was updated daily. The DON stated the Unit Manager was required to check skin assessments on a weekly basis and report any issues at the weekly Quality Assurance (QA) meetings. The DON stated she was not aware of any concerns related to staff not providing care in accordance with the care plan.</p>	F 282		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185213	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/11/2014
NAME OF PROVIDER OR SUPPLIER WOLFE COUNTY HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 850 HWY 191 CAMPTON, KY 41301		
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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: 1990</p> <p>Survey under: NFPA 101 (2000 Edition), Chapter 19 (Existing Health Care) Short Form</p> <p>Facility type: SNF/NF</p> <p>Smoke Compartments: 5</p> <p>Fire Alarm: Complete fire alarm with smoke detectors in corridors and single station smoke detectors in resident rooms</p> <p>Sprinkler System: Complete automatic sprinkler system</p> <p>Generator: Type II, 175 KW Diesel installed 1990; Type II, 150 KW Diesel installed in 2011</p> <p>A standard Life Safety Code survey was conducted on 03/11/14. Wolfe County Health and Rehabilitation Center was found to be in compliance with the requirements for participation in Medicare and Medicaid. The census on the day of the survey was 96. The facility is licensed for 100 beds.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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