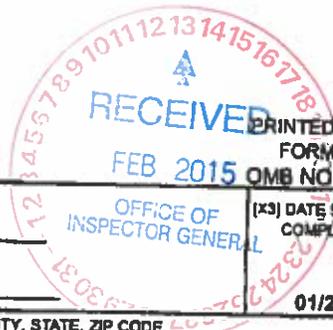


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 02/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2015
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NAME OF PROVIDER OR SUPPLIER PRINCETON HEALTH & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1333 WEST MAIN ST. PRINCETON, KY 42445
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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	Submission of this Plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is submitted solely because it is required by the provision of federal and state law.	
F 221 SS=D	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility policy and procedures, it was determined the facility failed to ensure one (1) of sixteen (16) sampled residents, (Resident #8), remained free from physical restraints, not required to treat the resident's medical symptoms. The facility failed to ensure Resident #8's lap buddy was removed from the resident after an order was written to discontinue it. The findings include: Review of the facility policy titled "Physical Restraints", last revised 10/25/11, revealed the assessment determining the need for the use of the physical restraint should be discussed with the resident's physician and an order should be obtained for its use. The use of the physical restraint should be care planned and communicated to the staff. Record review revealed the facility admitted Resident #8 on 02/25/13 with diagnoses which	F 221	F 221 483.13 (a) Right To Be Free From Physical Restraints <u>Corrective Measures for Resident[s] Identified In The Deficiency</u> [1] Resident #8's Nurse Aide Data Sheet was updated on 01/22/15 by the Unit Charge Nurse, to show Resident #8's Lap Buddy had been discontinued [2] On 01/22/15, Resident #8's Lap Buddy was removed from her room by the Unit Charge Nurse. <u>How Other Resident's Who May Be Affected By This Practice Were Identified</u> [1] An audit was started on 01/29/15 and completed on 01/30/15 by the Unit Charge Nurses of all residents' Nurse Aide Data Sheets to ensure no physical restraints were listed on any Nurse Aide Data Sheet of a resident without a current MD order for a physical restraint. [2] On 01/30/15, an audit was conducted	2/13/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 2/13/15
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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 PRINCETON HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1333 WEST MAIN ST. PRINCETON, KY 42445	
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F 221	<p>Continued From page 1</p> <p>Included Alzheimer's Disease, Depressive Disorder, Anxiety, Mood Disorder and history of a Traumatic Fracture. Review of the quarterly Minimum Data Set (MDS) assessment, dated 12/04/14, revealed the facility assessed Resident #8's cognition as severely impaired due to the resident not being able to complete a Brief Interview for Mental Status (BIMS). The resident was not interviewable.</p> <p>Review of the initial Physical Restraint Evaluation, dated 09/22/14, revealed the need for a lap buddy related to the resident's decreased safety awareness and a history of a right hip fracture.</p> <p>Review of the Physical Restraint Review, dated 10/24/14, and Physician's Order, dated 10/24/14, revealed the use of the lap buddy was related to Resident #8's decreased safety awareness and a history of hip fracture with an unsteady gait. The resident was unable to remove the device on demand.</p> <p>Review of Physician Orders, dated 12/17/14 at 1:15 PM, revealed to discontinue the lap buddy to the wheelchair in an attempt to reduce his/her restraints. Record review revealed during a trial without the lap buddy, the resident did not attempt to stand or get up from the chair.</p> <p>Review of the Interdisciplinary Care Plan, dated 11/20/14, revealed the lap buddy was discontinued on 12/17/14; however review of the current Nurse Aide Data Sheet, dated 11/20/14, revealed Resident #8 was to have a lap buddy when up in the wheelchair.</p> <p>Observation, on 01/22/15 at 9:15 AM, revealed Resident #8 was sitting in the wheelchair at the</p>	F 221	<p>on the Nurse Aide Data Sheets and Nursing Care Plans of all residents with orders for a physical restraint to ensure the physical restraints were listed correctly on the Nursing Care Plans and Nurse Aide Data Sheets.</p> <p><u>Measures Implemented or Systems Altered to Prevent Re-Occurrence</u></p> <p>[1] An in-service was started on 01/23/15 and completed on 02/02/15 by the Assistant Director of Nursing/Staff Development Nurse for all nurses on updating the resident's Nurse Aide Data Sheet and Nursing Care Plan with any MD orders that affect the Nursing Care Plan and Nurse Aide Data Sheet.</p> <p>[2] On 02/06/15, the Assistant Director of Nursing was in-serviced by the Director of Nursing that all MD orders must be audited daily Monday thru Friday in conjunction with the Abbreviated Quality Assurance Meeting, to ensure all Nursing Care Plans and Nurse Aide Data Sheets have been updated as needed with the MD orders</p> <p><u>Monitoring Measures To Maintain On-Going Compliance</u></p> <p>[1] The Director of Nursing will bring the results of the Nursing Care Plan and Nurse Aide Data Sheet audits to the Monthly Quality Assurance meeting x 6 months for review by the Quality Assurance Committee.</p>	2/13/15

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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 221	Continued From page 2 bedside. A lap buddy was in place and the resident was unable to remove it on command. Interview with the State Registered Nurse Aide (SRNA) #2, on 01/22/15 at 1:50 PM, revealed the resident used the lap buddy when up in the wheelchair. The SRNA stated she was unaware of the discontinuation of the lap buddy as it was still listed on the Nurse Aide Data Sheet. Interview with the Registered Nurse (RN) Unit Manager, on 01/22/15 at 3:35 PM, revealed she wrote the verbal order, on 12/17/14 at 1:15 PM, to discontinue the lap buddy. She stated the Interdisciplinary Care Plan was updated but she failed to change the Nurse Aide Data Sheet after the order was written. She revealed it was the responsibility of the nurse writing the order to make the needed updates and communicate them to staff. Interview with the Director of Nursing (DON), on 01/23/15 at 9:05 AM, revealed she expected staff to follow through with orders and update the Nurse Aide Data Sheet as well as the Interdisciplinary Care Plan. She stated the change should also be communicated with staff.	F 221			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the	F 280	F280 483.20 (d)(3), 483.10 (k)(2) Right To Participate Planning Care-Revise Care plan <u>Corrective Measures for Resident(s) Identified In The Deficiency</u> [1] Resident #8's Nurse Aide Data Sheet was updated on 01/22/15 by the Unit Charge Nurse, to show Resident #8's Lap Buddy had been discontinued [2] On 01/22/15, Resident #8's Lap Buddy	2/13/15	

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NAME OF PROVIDER OR SUPPLIER PRINCETON HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1333 WEST MAIN ST. PRINCETON, KY 42445		
(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 280	<p>Continued From page 3</p> <p>comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy it was determined the facility failed to revise the Plan of Care for one (1) of sixteen (16) sampled residents (Resident #8). Staff continued the use of a lap buddy after the order had been discontinued.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Comprehensive Care Plans", last revised 04/03/13, revealed care plan approaches should be communicated to staff for use in providing direction for care. The plan of care should be reviewed and revised when indicated.</p> <p>Record review revealed the facility admitted Resident #8 on 02/25/13 with diagnoses which included Alzheimer's Disease, Depressive Disorder, Anxiety, Mood Disorder and a history of Traumatic Fracture. Review of the quarterly MDS</p>	F 280	<p>was removed from her room by the Unit Charge Nurse.</p> <p><u>How Other Resident's Who May Be Affected By This Practice Were Identified</u></p> <p>[1] An audit was started on 01/29/15 and completed on 01/30/15 by the Unit Charge Nurses of all residents' Nurse Aide Data Sheets to ensure no physical restraints were listed on any Nurse Aide Data Sheet of a resident without a current MD order for a physical restraint.</p> <p>[2] On 01/30/15, an audit was conducted on the Nurse Aide Data Sheets and Nursing Care Plans of all residents with orders for a physical restraint to ensure the physical restraints were listed correctly on the Nursing Care Plans and Nurse Aide Data Sheets.</p> <p><u>Measures Implemented or Systems Altered to Prevent Re-Occurrence</u></p> <p>[1] An in-service was started on 01/23/15 and completed on 02/02/15 by the Assistant Director of Nursing/Staff Development Nurse for all nurses on updating the resident's Nurse Aide Data Sheet and Nursing Care Plan with any MD orders that affect the Nursing Care Plan and Nurse Aide Data Sheet.</p> <p>[2] On 02/06/15, the Assistant Director of Nursing was in-serviced by the Director of Nursing that all MD orders must be audited daily Monday thru Friday in conjunction with the Abbreviated Quality Assurance</p>	2/13/15	

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NAME OF PROVIDER OR SUPPLIER PRINCETON HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1333 WEST MAIN ST. PRINCETON, KY 42445	
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F 280	Continued From page 4 assessment, dated 12/04/14, revealed the facility assessed Resident #8's cognition as severely impaired and the resident was unable to complete a Brief Interview of Mental Status which determined the resident was not interviewable. Review of a Physician Order, dated 12/17/14 at 1:15 PM, revealed an order was written to discontinue Resident #8's lap buddy after a trial removal. Review of the Interdisciplinary Care Plan, dated 11/20/14, revealed the lap buddy was discontinued on 12/17/14; however, review of the most current Nurse Aide Data Sheet, dated 11/20/14, revealed Resident #8 was to have a lap buddy in place when up in the wheelchair. Observation, on 01/22/15 at 9:15 AM, revealed Resident #8 was sitting in a wheelchair at the bedside. A lap buddy was in place across the resident's lap and the resident was unable to remove the lap buddy when asked. Interview with the Registered Nurse (RN), Nurse Manager, on 01/22/15 at 1:50 PM, revealed she received the order to discontinue the lap buddy. She stated she revised the Interdisciplinary Care Plan but failed to make the change on the Nurse Aide Data Sheet. Interview with the DON, on 01/23/15 at 9:05 AM, revealed she expected the RN to update the Nurse Aide Data Sheet to reflect the new order.	F 280	Meeting, to ensure all Nursing Care Plans and Nurse Aide Data Sheets have been updated as needed with the MD orders <u>Monitoring Measures To Maintain On-Going Compliance</u> [1] The Director of Nursing will bring the results of the Nursing Care Plan and Nurse Aide Data Sheet audits to the Monthly Quality Assurance meeting x 6 months for review by the Quality Assurance Committee.	2/13/15
F 281 SS=D	483.20(k)(3)(I) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility	F 281	F 281 483.20(k)(3)(i) Services Provided Meet Professional Standards	

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NAME OF PROVIDER OR SUPPLIER PRINCETON HEALTH & REHAB CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1333 WEST MAIN ST. PRINCETON, KY 42445	
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F 281	<p>Continued From page 6</p> <p>Review of the Comprehensive Physician's Order Sheet, dated 09/22/14, revealed Resident #8 was to have a lap buddy when up in wheelchair related to Alzheimer's Disease causing a decrease in safety awareness and a history of hip fracture with an unsteady gait.</p> <p>Review of Physician's Orders, dated 12/17/14 at 1:15 PM, revealed an order to discontinue the use of a lap buddy, for Resident #8, while she was up in a wheelchair.</p> <p>Observation of Resident #8, on 01/22/15 at 9:15 AM, revealed the resident was sitting up in the wheelchair at the bedside. The lap buddy was in place and the resident was unable to release it on command.</p> <p>Interview with the SRNA #2, on 01/22/15 at 1:50 PM, revealed Resident #8 was to have the lap buddy in place when he/she was up in the wheelchair. She stated she was not aware the physician had discontinued the lap buddy as it was still listed on the Nurse Aide Data Sheet.</p> <p>Interview with the RN Unit Manager, on 01/22/15 at 3:35 PM, revealed she was the nurse that received the order from the physician to discontinue the lap buddy. She stated she changed the Interdisciplinary Care Plan to reflect the physician's order to discontinue the lap buddy but failed to reflect the physician's order on the Nurse Aide Data Sheet.</p> <p>Interview with the DON, on 01/23/15 at 9:05 AM, revealed she expected staff to follow through with physician's orders.</p>	F 281	<p>Assistant Director of Nursing/Staff Development Nurse for all nurses on updating the resident's Nurse Aide Data Sheet and Nursing Care Plan with any MD orders that affect the Nursing Care Plan and Nurse Aide Data Sheet.</p> <p>[2] On 02/06/15, the Assistant Director of Nursing was in-serviced by the Director of Nursing that all MD orders must be audited daily Monday thru Friday in conjunction with the Abbreviated Quality Assurance Meeting, to ensure all Nursing Care Plans and Nurse Aide Data Sheets have been updated as needed with the MD orders</p> <p><u>Monitoring Measures To Maintain On-Going Compliance</u></p> <p>[1] The Director of Nursing will bring the results of the Nursing Care Plan and Nurse Aide Data Sheet audits to the Monthly Quality Assurance meeting x 6 months for review by the Quality Assurance Committee.</p>
			2/13/15

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NAME OF PROVIDER OR SUPPLIER PRINCETON HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1333 WEST MAIN ST. PRINCETON, KY 42445	
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K 000	INITIAL COMMENTS CFR: 42 CFR 483.70(a) BUILDING: 01. PLAN APPROVAL: 1972. SURVEY UNDER: 2000 Existing. FACILITY TYPE: SNF/NF. TYPE OF STRUCTURE: One (1) story, Type III (211). SMOKE COMPARTMENTS: Four (4) smoke compartments. FIRE ALARM: Complete fire alarm system installed in 1972, upgraded in 2011 with 38 smoke detectors and 5 heat detectors. SPRINKLER SYSTEM: Complete automatic dry sprinkler system installed in 1972 and upgraded in 2011. GENERATOR: Type II generator installed in 2011. Fuel source is Diesel. A standard Life Safety Code Survey was conducted on 01/22/15. The facility was found in non-compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for one-hundred four (104) beds with a census of seventy-eight (78) on the day of the survey The findings that follow demonstrate noncompliance with Title 42, Code of Federal	K 000	Disclaimer: Submission of this plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is submitted solely because it is required by the provision of federal and state law.	



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X9) DATE 2/13/15

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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K 000 K 147 SS=D	<p>Continued From page 1 Regulations, 483.70(a) et seq. (Life Safety from Fire).</p> <p>Deficiencies were cited with the highest deficiency identified at "D" level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure electrical wiring was maintained in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, residents, staff and visitors. The facility has the capacity for one-hundred four (104) beds and at the time of the survey, the census was seventy-eight (78).</p> <p>The findings include:</p> <p>Observation, on 01/22/15 at 3:30 PM, with the Plant Services Director revealed a power cord to an exhaust fan was run through a hole in the wall located in the Beauty Shop.</p> <p>Interview, on 01/22/15 at 3:31 PM, with the Plant Services Director revealed he was not aware the power cord could not run through a hole in the wall.</p>	K 000 K 147	<p><u>NFPA 101 Life Safety Code Standard:</u> It is the practice of Princeton Health and Rehab Center, Inc. to meet the Life Safety Codes as stated in the NFPA 101 Life Safety Code Standard.</p> <p><u>Corrective Actions for those identified in the deficiency:</u> Upon discovering the issue, Plant Service Director immediately removed the power cord to an exhaust fan and the hole in the wall was fixed by 4:00pm on 01/21/15.</p> <p><u>Other identified who may have been impacted by the deficient practice:</u> No others were impacted by the deficient practice.</p> <p><u>Measures Implemented or Systems Alerted to Prevent Re-occurrence:</u> On 01/21/15 Plant Service Director was in-serviced on NFPA standards by Regional Maintenance Director.</p> <p><u>Monitoring Measures to Maintain On-going Compliance:</u> No monitoring needed since the cord was removed and no longer exist.</p>
02/13/15			

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K 147	<p>Continued From page 2</p> <p>The census of seventy-eight (78) was verified by the Administrator on 01/22/15. The findings were acknowledged by the Administrator and verified by the Plant Services Director at the exit interview on 01/22/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 Edition)</p> <p>9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>Reference: NFPA 70 (1999 Edition) 400-8 (Extensions Cords) Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following:</p> <ul style="list-style-type: none"> (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces <p>Reference: NFPA 99 (1999 edition) 3-3.2.1.2 (D) Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the</p>	K 147	

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K 147	Continued From page 3 need for extension cords or multiple outlet adapters.	K 147	