

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

PRINTED: 12/13/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185382	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/27/2013
NAME OF PROVIDER OR SUPPLIER  COUNTRYSIDE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 47 MARGO AVENUE BARDWELL, KY 42023	
(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	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, <b>Countryside Center</b> does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p><b>F164</b></p> <p>Certified Nurse Aides #2 and #3 were re-educated on personal privacy to include complete pulling of privacy curtains on 11/25/13 by Nurse Practice Educator.</p>	
F 164 SS=D	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	F 164		

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

TITLE

(X6) DATE

*Shaun Cagle* *Administrator* 12/17/13

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	<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 provide care for residents in a manner that maintained the resident's privacy for one (1) of four (4) sampled residents (Resident #3). Resident #3 was not provided visual privacy while personal care was being provided. The findings include:</p> <p>Review of the facility's policy titled, "Resident Rights and Information for Residents Living In Kentucky, Quality of Life", not dated, revealed "A facility must care for its residents in a manner and in an environment that promotes or enhancement of each resident's quality of life". Under Resident Rights for the state of Kentucky it stated "Residents shall be assured of at least visual privacy in multi-bed room and in tub, shower, and toilet rooms".</p> <p>Record review revealed the facility admitted Resident #3 on 07/30/12 with diagnoses to include Diabetic with Peripheral Circulation Disorder Type II, Lower Limb Amputee above knee, Dementia, Symbolic Dysfunction, Muscle Weakness, Acute Kidney Failure, and Malignant Neoplasm of Breast. Review of the quarterly Minimum Data Set (MDS) assessment, dated 11/11/13, revealed the facility assessed Resident #3's cognition as severely impaired and the resident as always incontinent and totally dependent for hygiene.</p> <p>Observation on 11/25/13 at 1:40 PM revealed Certified Nurse Aide (CNA) #2 and CNA #3 were providing personal care to Resident #3 without the privacy curtain pulled to prevent the resident</p>	F 164	<p>Director of Nursing and Assistant Director of Nursing monitored resident care randomly 11/25 through 11/29/13 and no other concerns were noted.</p> <p>Staff re-education was completed by Nurse Practice Educator by 12/6/13 on privacy/confidentiality to include completely pulling curtains during care.</p> <p>The Director of Nursing/Assistant Director of Nursing will conduct care observations three times per week for four weeks then three times per month for two months. The Director of Nursing will report findings to the Performance Improvement Committee for the next three months for further recommendations.</p> <p>Completion date:</p>	12/17/13

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F 164	<p>Continued From page 2 from being seen from the doorway.</p> <p>Interview with CNA #2 and CNA #3, on 11/25/13 at 1:45 PM, revealed Resident #3 could be viewed from the doorway with the privacy curtain not pulled and they should have pulled the privacy curtain before providing care.</p> <p>Interview with the Staff Development Coordinator, on 11/27/13 at 2:00 PM, revealed the CNAs were expected to close the door and pull the privacy curtain while providing care to a resident.</p> <p>Interview with the Director of Nursing, on 11/27/13 at 11:45 AM and 11:57 AM, revealed staff was expected to shut the doors and close the privacy curtains while providing care.</p>	F 164			