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

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FORM APPROVED
OMB NO. 0938-0391

RECEIVED NOV 18 2015 Division of Health Care Southern Enforcement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185273	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/08/2015
NAME OF PROVIDER OR SUPPLIER OWSLEY COUNTY HEALTH CARE CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 11 BOONEVILLE, KY 41314	

(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 A standard health survey was conducted on 10/06-08/15. Deficient practice was identified with the highest scope and severity level at "D" level.	F 000	**Preparation and execution of this plan of correction does not constitute an admission of or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This Plan of Correction is prepared and executed solely because Federal and State Law require it. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction. Failure to dispute or challenge the alleged deficiencies below is not an admission that the alleged facts occurred as presented in the statements.**	11/4/2015
F 248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility policy, it was determined the facility failed to provide ongoing activities to meet the residents' interests and psychosocial well-being for one (1) of fifteen (15) sampled residents (Resident #5). The facility, after assessing Resident #5 as enjoying multiple different indoor and outdoor activities, failed to afford the resident the opportunity to enjoy indoor and outdoor activities. The findings include: Review of the Activity Program policy dated January 2014, revealed, "The Center provides an organized and ongoing plan of activities for residents under the direction of an Activities Coordinator and according to the comprehensive assessment for each Resident. The mental, physical, and psychosocial well-being of each resident is the primary considerations for	F 248	**F 248 (SS=D) 483.15(F)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RESIDENT** ***Corrective Action for Residents Found to Have Been Affected:*** On 10-9-2015 an updated assessment was completed by the Activities Director on Resident #5 and Resident #5 is receiving activities per the updated assessment. The Comprehensive Care Plan for Resident #5 was reviewed and updated on 10-9-2015.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Whitney Grants
TITLE: Administrator
(X6) DATE: 11-13-15

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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F 248	Continued From page 1 Resident activities. The activities program includes one-to-one, self-directed, large group and small group activities and resources will be made available to assure that the activities program is developed, implemented, and evaluated." Review of Resident #5's medical record revealed the facility admitted the resident on 04/08/15 with diagnoses of Congestive Heart Failure, Hypotension, Lack of Coordination, End Stage Renal Disease, Abnormality of Gait, Dysphagia, Dementia, and Generalized Anxiety Disorder. Review of the quarterly MDS (Minimum Data Set) assessment dated 09/02/15, revealed the resident had a BIMS (Brief Interview for Mental Status) score of 1 which indicated Resident #5 was not able to be interviewed. Review of the annual MDS assessment dated 03/25/15 revealed Resident #5's activity preferences were as follows: doing things with groups of people, going outside to get fresh air when the weather is good, and participate in religious services or practices. Review of the resident's plan of care, revised on 09/09/15, revealed intervention for activities included that State Registered Nurse Aides (SRNAs) and Activities staff would assist Resident #5 to and from activity areas; Social Services and Activities staff would determine the resident's interests, hobbies, likes, and spiritual preferences; Activities staff would post an activities calendar in the resident's room; and Activities staff and Social Services would remind the resident daily of scheduled activities and encourage the resident to attend the activity of choice. Review of the activity individual participation records for July, August, September, and October	F 248	***Identification of Other Residents Having the Potential to be Affected*** On 10-19-2015 through 10-30-2015 the Director of Nursing and Unit Managers reviewed all of the resident assessments related to activities and that residents were receiving activities per their activity assessments. The Comprehensive Care Plans were reviewed and updated as needed. ***Measures or Systemic Changes Made to Avoid Reoccurrence*** On 11-3-2015 the Activities Director was formally counseled and reeducated by the Administrator and Director of Nursing on providing activities to each resident per the Resident Assessment for Activities and Comprehensive Care Plan. On 11-3-2015 the Administrator educated the facility management team on the importance of resident activities and providing assistance to residents as needed to participate in accordance with their individual care plan. On 11-3-2015 the Director of Nursing provided in-service to the nursing staff on the importance of resident activities and providing assistance to residents as needed to participate.	11/4/2015

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F 248	Continued From page 2 2015 for Resident #5 revealed the resident participated in music/talking books and people watching on 10/06/15 and 10/07/15. Religious services/programs were observed both days. Further review of the record revealed that from 07/01/15 to 10/08/15 Resident #5 had not participated in any religious services/programs and there was no evidence that Resident #5 had participated in any outdoor activities even though these were activities the resident had been assessed to enjoy and were available. Observation of Resident #5 on 10/06/15 at 11:31 AM revealed the resident was lying in bed in his/her room. The resident did not have a television or radio turned on, on his/her side of the room. Further observations conducted on 10/06/15 at 3:05 PM, 3:35 PM, 4:00 PM, and 5:00 PM revealed that the resident was still in his/her room in bed, with no television or radio turned on in the room. Observation on 10/06/15 at 10:45 AM revealed that there was religious live singing in the Activities Room and on 10/07/15 at 3:15 PM, a group of residents was observed sitting outside on the front porch of the facility. Observations revealed Resident #5 was not present at these activities. Interview with Certified Nurse Assistant (CNA) #2 on 10/08/15 at 4:40 PM revealed Nursing staff assists the resident to get out of bed "from time to time," but has not seen Activities staff providing activities in the room for Resident #5. Interview with Registered Nurse (RN) #2 on 10/08/15 at 3:38 PM revealed it was the responsibility of nursing staff to get residents up	F 248	Quality Assurance checks are completed by the Administrator or designee three times weekly on alternating days beginning 11-3-2015 to assure that activities and assistance with activity participation are being provided to residents according to the Resident Assessment for Activities and the Comprehensive Care Plan. ***Plans to Monitor Performance for Sustained Solutions*** Beginning on 11-3-2015, the results of the Quality Assurance checks will be submitted weekly to the Quality Assurance Committee; (Committee consist of Administrator, DON, Nurse Manager, Social Service Director, Pharmacy Consultant, and Medical Director) for further recommendations and follow-up. ***Completion Date:*** 11/4/2015	11/4/2015

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F 248	Continued From page 3 and take them to activities, but she had never seen Activities staff provide activities in residents' rooms and provide activities for residents who usually do not come out of their rooms. Interview with RN #1 on 10/08/15 at 4:14 PM revealed that "overall" Activities staff does not provide many activities and does not have a lot of participation from residents. RN #1 stated that the same activities were offered "over and over." The RN stated that "church and popcorn" were offered a lot, and Activities staff does not provide activities for residents in their rooms or residents who sit in the hall often. Interview with the Director of Nursing on 10/08/15 at 6:15 PM revealed that Activities staff offers bingo and church. She stated they do not do crafts and do not do a lot with residents in their rooms or the ones that sit out by the nurses' station. Interview with the Activities Director on 10/08/15 at 5:29 PM revealed that she takes a radio into Resident #5's room, but could not say when she had done this activity for the resident. The Activities Director also stated she thought she saw Resident #5 sitting in the side hall by the shower on 10/06/15. Interview with the Administrator on 10/08/15 at 6:43 PM revealed that the activity participation records should accurately reflect the activities each resident participated in. The Administrator further stated that Activities staff should be providing activities with the residents who spend the majority of their time in their rooms, as well as those who sit at the nurses' station or in the hallway.	F 248		11/4/2015

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F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced	F 431	**Preparation and execution of this plan of correction does not constitute an admission of or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This Plan of Correction is prepared and executed solely because Federal and State Law require it. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction. Failure to dispute or challenge the alleged deficiencies below is not an admission that the alleged facts occurred as presented in the statements.** **F483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS 7 BIOLOGICALS** ***Corrective Action for Residents Found to Have Been Affected*** No specific residents were identified in the Statement of Deficiencies. The medications that were found in the cart were disposed of immediately by the Director of Nursing.	11/4/2015

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F 431	Continued From page 5 by: Based on observation, interview, and review of the facility's policy it was determined the facility failed to ensure medications were labeled to include appropriate cautionary instructions and the expiration date for two (2) of four (4) medication carts. Observation of the medication room on the East Hall on 10/08/15 at 5:50 PM revealed the two (2) medication carts inspected had fourteen (14) tablets that were loose in the medication cart without any label or identification. The findings include: Review of the facility's policy titled "Medication Storage in the Facility," (not dated) revealed medications and biologicals were to be stored safely, securely, and properly, following manufacturer's recommendations. Observations of the medication cart on the East Hall on 10/08/15 at 5:50 PM revealed four (4) unidentifiable tablets in the drawers of Medication Cart A and nine (9) unidentifiable tablets in the drawers of Medication Cart B. Interview conducted with Certified Medication Aide (CMA) #1 revealed if a tablet was found loose in the medication cart drawer it should be disposed of and the Pharmacist should be notified. He further revealed he had identified problems with the packaging of the tablets. The CMA stated that when the package was being opened to release the tablet, the package that was holding the next tablet to be given would accidently open, which would cause the next tablet to fall out of the package and become unidentifiable if left in the drawer. He further stated he had not reported the problem, but that	F 431	***Identification of Other Residents Having the Potential to be Affected*** Residents that receive medications from the facility medication carts have the potential to be affected. An audit was completed by the DON and RN Unit Managers on all medication carts to ensure medications are labeled and stored appropriately. ***Measures or Systemic Changes Made to Avoid Reoccurrence*** Licensed nurses and Certified Medication Aides were in-serviced on the facility's policy on Medication Storage, labeling, and following the manufacturer's recommendations. The Pharmacy Consultant provided education the Director of Nursing on the procedure for opening medication packets to ensure that the next pill does not fall out. The Director of Nursing provided in servicing for Licensed nurses and Certified Medication Aides on the proper procedure for opening the individual medication packets. Return demonstration was included in the in-servicing.	11/4/2015

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F 431	Continued From page 6 the Unit Manager should have been notified concerning the packaging problems with the tablets. Interview with the Director of Nursing (DON) on 10/08/15 at 6:40 PM revealed if an unidentifiable medication was found in a medication cart drawer the medication was to be disposed of and the Pharmacist notified. She further revealed she had not identified nor had any concerns been reported to her regarding unlabeled pills in the medication cart drawers.	F 431	***Plans to Monitor Performance for Sustained Solutions*** The Director of Nursing and/or Nurse Mangers will audit the medication carts three times a week to ensure medications are properly stored and labeled. Any issues will be addressed immediately with the one on one education. In addition, the pharmacy consultant will audit the medication carts monthly. Audits will be submitted to and reviewed by the Quality Assurance Team monthly. ***Completion Date:*** 11/4/2015	11/4/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	(X3) DATE SURVEY COMPLETED
	185273		**10/08/2015**

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K 000	INITIAL COMMENTS	K 000		

Building: 01

Survey under: NFPA 101 (2000 Edition) existing

Plan approval: 1980, 1999

Facility type: SNF/NF

Type of structure: One story, Type V (unprotected)

Smoke Compartments: 6

Fire Alarm: Complete fire alarm smoke detectors in corridors and dining room, heat detectors in kitchen and laundry room.

Sprinkler System: Complete sprinkler system (dry).

Generator: Type 2 generator powered by diesel installed 2011.

A standard life safety code survey using a 2786S (Short Form) was conducted on 10/08/15. The facility was found to be in compliance with the requirements for participation in Medicare and Medicaid in accordance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire). The census on the day of the survey was seventy-eight (78). The facility is licensed for ninety-one (91) beds.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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