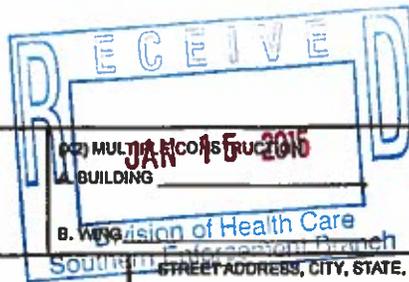


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/07/2015  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186378	(X2) MULTIPLE CORRECTIONS BUILDING B. WING	(X3) DATE SURVEY COMPLETED  12/18/2014
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NAME OF PROVIDER OR SUPPLIER  MARTIN COUNTY HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 62 MAUDE ROAD INEZ, KY 41224
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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		
F 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</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 develop a written plan of care for one (1) of fifteen (15) sampled residents (Resident #9) related to impaired visual function and cognitive loss. Review of the Resident Assessment Instrument (RAI) Care Area</p>	F 279	<p>Martin County Health Care Facility does not believe and does not admit that any deficiencies exist. Martin County Health Care Facility reserves the right to contest survey findings through formal dispute resolutions, formal legal appeal proceedings, or any administrative 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, contact obligation or position, and Martin County Health Care Facility reserves all rights to raise all possible contentions and defenses in any type or civil or criminal claim, action, or proceeding. Nothing contained in this plan or correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self-critical examination privileged which Martin County Health Care Facility offers its responses, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care to our residents.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Beth Anett TITLE: Administrator (X6) DATE: 1/15/15

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  MARTIN COUNTY HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 62 MAUDE ROAD INEZ, KY 41224		
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F 279	<p>Continued From page 1</p> <p>Assessment (CAA) dated 10/20/14 revealed the facility assessed Resident #9 to trigger for impaired visual function and cognitive loss. However, review of the Comprehensive Care Plan for Resident #9 dated 10/10/14, revealed no interventions related to visual function or cognitive loss.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Care Plans-Comprehensive," dated 08/01/13, revealed the facility's Care Planning/Interdisciplinary Team in coordination with the resident and his/her family or representative (sponsor) developed and maintained a comprehensive care plan for each resident that identified the highest level of functioning the resident may be expected to attain. Further review of facility policy revealed the comprehensive care plan was based on a thorough assessment that included, but was not limited to, the Minimum Data Set (MDS). Continued review of the facility's policy revealed each resident's comprehensive care plan was designed to incorporate identified problem areas and risk factors associated with identified problems, reflect treatment goals, timetables, and objectives in measurable outcomes, aid in preventing or reducing declines in the resident's functional status and/or functional levels, and reflect currently recognized standards of practice for problem areas and conditions. Further review of the facility policy revealed areas triggered during the resident assessment were evaluated using specific assessment tools (including Care Area Assessments) before interventions were added to the care plan, and care plan interventions were designed after careful consideration of the relationship between the</p>	F 279	<p>It is and was the policy of Martin County Health Care Facility on the day of the survey to provide or arrange services by qualified persons in accordance with each resident's written plan of care.</p> <ol style="list-style-type: none"> <li>1) Resident #9 was discharged home on 12/17/14 before any corrective action could occur.</li> <li>2) The MDS nurse and the Assessment nurse reviewed all resident comprehensive care plans on 1/13/2015 to ensure that all areas identified on the Resident Assessment Instrument (RAI) have been listed on the resident care plans with appropriate interventions.</li> <li>3) An in-service with the MDS Nurse and the Assessment Nurse on 1/12/15 by the Director of Nursing on the importance of using resident assessment tools to develop, review and revise the resident's comprehensive plan of care as necessary to maintain the resident's highest practicable physical, mental, and psychosocial wellbeing. Upon completion date of the MDS, CAA, and Care Plan process, the Care Plan Coordinator will review the CAA to ensure that if it was triggered that a care plan was completed for the deficit.</li> </ol>		

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F 279	<p>Continued From page 2 resident's problem areas and their causes.</p> <p>Observations made on 12/16/14 at 3:15 PM and 5:22 PM revealed Resident #9 was wearing glasses.</p> <p>Review of Resident #9's medical record revealed the facility admitted the resident on 10/10/14, with diagnoses that included Anxiety, Depressive Disorder, and Muscle Weakness.</p> <p>Review of Resident #9's Admission MDS dated 10/17/14, revealed the facility assessed Resident #9 to have a Brief interview for Mental Status (BIMS) score of 12, which indicated that Resident #9 was cognitively intact. Further review of the MDS revealed the resident had impaired vision and did not wear corrective lenses (glasses).</p> <p>A review of the Care Area Assessment (CAA) for Resident #9 revealed the facility assessed Resident #9 as having cognitive loss and dementia and impaired thought process and would develop a care plan related to the impairment. In addition, the CAA revealed Resident #9 was assessed to have impaired vision with or without the resident's glasses and a care plan would be developed that addressed the impairment.</p> <p>However, a review of Resident #9's Comprehensive Care Plan dated 10/10/14, and Nurse Assistant Care Plan dated December 2014, revealed the facility did not develop a care plan with interventions to address the resident's impaired visual function or cognitive loss.</p> <p>Interview with the MDS Coordinator on 12/18/14 at 3:40 PM revealed the MDS Coordinator was</p>	F 279	<p>(Continued from page 2)</p> <p>4) As part of the facilities ongoing CQI program, the CQI nurse will do monthly audits on 20% of the Resident Assessment Instrument (RAI) to ensure that the comprehensive care plans are written to ensure that all deficits identified will have interventions in place that describe the services that are furnished to attain or maintain the residents highest practicable physical, mental, and psychosocial well being. The audits will continue for six months and if no further issues arise the audits will cease. Will continue audits if issues found during that time period.</p> <p>5) 1/15/15</p>	

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F 279	Continued From page 3 responsible for developing resident care plans.  Interview with the Director of Nursing (DON) on 12/18/14 at 3:50 PM revealed she reviewed 8 percent of residents' CAAs and care plans monthly to ensure areas that were triggered on the CAAs were addressed on residents' care plans. Further interview with the DON revealed if a care area triggered on the CAA, she would expect interventions to be on the resident's comprehensive care plan or Nurse Assistant Care Plan to address the triggered areas.	F 279			